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AUTHOR	Millett, Ricardo A.; And Others
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ABSTRACT

The Site Case Study Report, Volume 6 of the seven volume National Day Care Home Study (NDCHS), describes the status of family day care in Los Angeles, San Antonio and Philadelphia. Open-ended interviews conducted with over 30 respondents ranging from state licensing staff to day care advocates provided the qualitative information needed to complement quantitative data collected through observations and structured interviews. This volume is intended to describe the context in which the study was conducted and thereby to provide the reader with a fuller understanding of the NDCHS findings. After an executive summary of and an introduction to the contents of the volume, case studies of family day care in the three cities are presented. Each case study has two parts: first, the setting for family day care is described and second, issues affecting family day care are discussed. In conclusion, the present status and regulatory future of family day care is explored. Recommendations of a policy seminar panel discussing the regulation of family day care are appended. (Author/RH)

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Family Day Care in the United States:

Site Case Studies

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Final Report of the National Day Care Home Study
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Volume VI

By Abt Associates Inc.
Cambridge, MA
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NATIONAL DAY CARE HOME STUDY
Site Case Study Report

Principal Authors

Ricardo A. Millett
Richard T. Mayer
Nancy Irwin
Blanchita Porter

Steven Fosburg
National Day Care Home
Study Director

Judith D. Singer
Director of Research

Patricia Divine Hawkins
Government Project Officer

PS 012598

National Day Care Home Study

VOLUMES IN THE FINAL REPORT SERIES ON THE NATIONAL DAY CARE HOME STUDY

- Reports available from the Administration for Children, Youth and Families or from ERIC Document Reproduction Service, P.O. 190, Arlington, Virginia 22210.

- Executive Summary (Abt Associates Inc.)--Synopsis of the findings from all study components including data on family day care providers, the children in their care, and the children's parents. Presents information on the nature of day care in each of the study settings and presents both cost and program daa on family day care systems.

- Volume 1, The National Day Care Home Study Summary Report (Abt Associates Inc.)--Details the issues outlined in the Executive Summary.

- Volume II, The Research Report (Abt Associates Inc.)--Focuses on the caregiver and the children in her care and presents extensive descriptive and statistical analyses of the interview and observation data collected. It includes profiles of both the caregiver and the children in care, discusses the stability of the day care arrangements, the group composition of the family day care homes, and the costs of providing care. Concludes with a comparative analysis of the observed behaviors of caregivers and the children in their care.

- Volume III, Observation Component (SRI International)--Presents the findings from the observations conducted in day care homes in the three study sites (Los Angeles, Philadelphia, and San Antonio) and detailed descriptions of the methodologies used.

- Volume IV, Parent Study Component Data Analysis Report (Center for Systems and Program Development)--Presents the information provided by the parents of the children in the family day care homes; describes these parents, their needs and preferences for care, and their satisfaction with family day care; and focuses on child day care costs.

- Volume V, Family Day Care Systems Report (Abt Associates Inc.)--Presents an extensive descriptive and statistical analysis of the day care institutions that administer family day care systems. These systems are one of the principal mechanisms for providing subsidized day care in a family day care setting, and the cost analyses in this volume are the first attempt to estimate the cost of providing such care.

- Volume VI, The Site Case Study Report (Abt Associates Inc.)--Describes the status of family day care in each of the study sites based on interviews with knowledgeable respondents ranging from state licensing staff to day care advocates. This volume is intended to describe the context in which the study was conducted and thereby to provide the reader a fuller understanding of the study findings.

- Volume VII, The Field Operations Report (Abt Associates Inc.)--Describes the steps used to implement the study in three study sites.

NATIONAL DAY CARE HOME STUDY

Sponsoring Agency

Day Care Division
Administration for Children
Youth and Families
Office of Human Development Services
Department of Health and Human Services
P.O. Box 1182
Washington, D.C. 10013

Patricia Hawkins
Project Director

(202) 755-8774

Research Contractor

Abt Associates Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

Steven Fosburg
Project Director

(617) 492-7100

Research Subcontractor

Center for Systems and Program Development
1522 K Street, N.W., Room 620
Washington, D.C. 20005

Jacqueline Davison
Project Director

(202) 833-1891

Observation Contractor

SRI International
333 Ravenswood Avenue
Menlo Park, California 94025

Jane Stallings
Project Director

(415) 326-6200

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Executive Summary: Site Case Study Report of the National Day Care Home Study

The National Day Care Home Study, sponsored by the Department of Health, Education, and Welfare, Administration for Children, Youth and Families, is a three-year study of family day care designed to further the understanding of family day care, its structure and place in the community, and its cost. The study sites were San Antonio, Texas; Philadelphia, Pennsylvania; and Los Angeles, California.

The principal data source for the National Day Care Home Study were interviews with caregivers and parents and observations in caregivers' homes while family day care children were present. The site case studies complement these data by focusing on the geographic, cultural, economic, regulatory, social and political environment of the cities where the study was conducted. The site case studies consisted of unstructured, open-ended interviews with over 30 knowledgeable respondents in each of the study sites. Several important types of information, then, are contained in the site case studies. First, they provide a clear demographic profile of each study site, including community ethnic characteristics, median income and level of education in the population, proportion of women in the labor force, percentage of families with incomes below the poverty level, and statistics on welfare, AFDC and child care funding. Data were also obtained about special conditions relevant to family day care, such as inadequate housing, high unemployment, and racial tensions in the community. This in-depth understanding of the culture produced a picture of family day care as a part of community and family life. Of particular importance in constructing this picture were the relationship between center day care and family day care, the availability of child care training opportunities, local attitudes toward training and the dissemination within the community of information about child care.

Finally, issues related to the regulation and funding of family day care were examined. These included current regulations pertaining to family day care, recent changes in regulations, prevailing attitudes about the appropriateness of current regulations for family day care, new legislative or regulatory initiatives, the influence of federal and state policies on the local characteristics of family day care, and the monitoring process and level of enforcement of regulations in family day homes.

The Setting For Family Day Care in San Antonio, Philadelphia and Los Angeles

San Antonio, Philadelphia and Los Angeles represent three disparate American cities. Ethnically, San Antonio is predominantly Mexican-American and therefore indelibly Hispanic in character and mood. Philadelphia is predominantly White but much more ethnically diverse than San Antonio. While Los Angeles is also predominantly White, it dwarfs the other two study sites in size, population and ethnic diversity. All three cities have played significant roles in the unfolding of American history. The Western expansion of the United States of America and the subsequent development of oil and cattle are symbolized by the Alamo, located in the heart of downtown San Antonio. Philadelphia, the country's first designed city, is popularly thought of as the "city of brotherly love" and home of some of America's most famous architects of democracy. California's expansive territory bordered by the Pacific to the West and Mexico to the South heralds a history of frontier expansion and adventurism heightened by the discovery of gold in Sutter's Mill during the 1800's.

The status of family day care is relatively similar in San Antonio and Philadelphia but different from that in Los Angeles. For example, in neither Philadelphia nor San Antonio does family day care figure as an important concern in the minds of the public at large or of its elected officials. In neither of these cities are child welfare actors satisfied with the effectiveness of regulatory practices designed to monitor the quality of this mode of child care; in both cities family day care is isolated from the mainstream of the child care community; in both cities respondents concurred that family day care is most appropriate for infant care, after-school care and care for children with special needs. In sum, although family day care is the oldest, and perhaps most widely used form of child care in these two cities, especially among the ethnic minority groups, it remains largely isolated, unregulated and without access to the training and other supplementary resources generally available to center based care. Family day care in Los Angeles, on the other hand, is considerably more integrated into the network of child care services and has become the focus of statewide legislative efforts aimed at strengthening the quality of care provided in this setting.

Examination of the child care regulatory system and interviews with key child care actors in Phladelphia and San Antonio reveal several factors that may be associated with the "under-development" of family day care in these cities. Similar data gathering activities provided insights into the status of family day care in Los Angeles. These are briefly addressed below.

Status of Family Day Care in San Antonio, Philadelphia and Los Angeles

One of the more widely known facts about family day care is the large percentage of family day care providers who operate outside of the regulatory umbrella. The states of Texas and Pennsylvania, in recognition of this problem, responded by mounting renewed efforts in the licensing and monitoring of family day care homes.

The state of Texas has pioneered in the area of family day care regulation, by implementing a system whereby family day care providers are required to be registered, as opposed to the more cumbersome licensing procedure. Registration became law with the passage of the 1975 Child Care Licensing Act. Supported and endorsed by the Texas Legislature, this act abolished licensing of family day care homes, replacing it with the registration system. It defined a registered family home as:

> ". . . a child care facility which regularly provides care in the caretaker's own residence for not more than six children under 15 years of age, excluding the caretaker's own children, and which provides care to additional elementary school siblings of the other children given care, provided that the total number of children included does not exceed 12 at any given time."

Licensing and monitoring workers in the state's Department of Human Resources (DHR) were very supportive of this initiative. They had recognized the limitation of licensing family day care homes, especially given the fiscal constraints under which they were expected to perform. The new law not only simplified the definition of a family day care home, but more important, simplified the procedure of placing these homes under the regulatory umbrella. The prospective provider mails a letter or makes a phone call to the regional DHR office and requests a package of registration materials. If possible, a local fire and health inspection of the home is required before the home is legally registered. More often than not, a caregiver never sees a DHR licensing staff member during this entire application process. Although DHR has been criticized for this fairly informal procedure, they are convinced that registration is practical, appropriate, and cost-effective for regulating family day care homes. An evaluation report on the first year of DHR's experience with registration concluded as follows.

- The number of family day care homes under regulation has increased significantly under registration.
- Registered family day care providers tend to see registration as a more appropriate method of regulation for family day care than licensing.
- The cost per unit of registration is significantly lower than the cost per unit of licensing for similar facilities.
- Sample evaluations of registered family day care homes indicate that there is a fairly high degree of compliance with minimum standards.
- Examination of complaints of child abuse and neglect do not indicate any greater danger to children in care under registration.

In an attempt to make the regulatory process more effective for family day care homes, the Pennsylvania Department of Public Welfare (DPW) implemented a new set of child care regulations in April 1978. In effect, licensing of family day care homes was retained. The new regulations, however, clearly define family day care homes and are more specific in terms of the standards with which they must comply. In contrast to registration as practiced in Texas, the licensing of the family day care homes in Pennsylvania requires a visit to the home by a day care licensing representative. Generally, the licensing representative checks the suitability and safety of the home for child care. Although most homes are approved following a single visit, subsequent visits might be requested before the provider is licensed and becomes "authorized to conduct and maintain a facility to provide a family day care home."

None of the Philadelphia case study respondents seemed particularly pleased with the licensing system as it now exists, and all agreed that changes should be made to make it more effective for family day care homes. State personnel have been examining other strategies of regulation, including the registration model as used in Texas.

Philadelphia's experience with the regulation of family day care homes confirms many arguments against the traditional licensing approach. Respondents there considered licensing more suitable to centers than to homes. Moreover, licensing workers confessed to being overburdened. Centers and Title XX facilities receive more staff attention than do independent licensed homes. There are as many family day care homes in systems serving exclusively subsidized clients as there are independent homes, and very little staff time is left to monitor or provide consultation to independent licensed providers. The net result in both Philadelphia and San Antonio is that the majority of family day care providers (regulated and unregulated) are isolated from training and child care resources available to providers in subsidized facilities and to proprietary providers.

In large measure, the relatively more prominent status of family day care in Los Angeles underscores a strong public interest in and concern for services to meet the needs of working parents. In fact the state of California is acknowledged among the community of child care advocates as a leader in providing public child care. As part of Franklin Roosevelt's New Deal program during the Depression, group child care programs were established by the Works Progress Administration (WPA) as early as 1933. The establishment of child care services and the subsequent decision to continue these services under the Lanham Act* provided continuity in child care services throughout the state. During the 1940s, the commitment to public child care was particularly strong in Los Angeles County, where no less than three organizations were formed specifically to assist in the effort to organize child care. These included both the City and County War Councils, a Child Care Coordinating Committee for Women in Industry, and the Los Angeles Council of Social Services.

The commitment to child care continued subsequent to World War II, due in part to the increased proportion of women in the labor force. In Los Angeles County alone the number of day care nurseries grew rapidly from nine in 1940 to 450 in 1956.

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*This federal support program, also known as the Community Facilities Act, was initiated in 1942 to provide day care facilities and services in order to free women to join the war's industrial effort.

Family day care appears to have benefited from this history of support for public child care. The number of legislative initiatives in California shows the state's leadership in providing innovative public support not only of child care in general but, relative to Pennsylvania and Texas, of family day care specifically. Assembly Bill 3059, for example, was aimed at providing a broad range of choices for parents needing publicly subsidized child care services, to address child care needs in communities throughout the state, and to provide for the identification of workable child care practices that might be replicated in other areas. Funds made available through AB 3059 have resulted in an appreciable increase in the number of licensed or approved family day care homes in the state and an increase of resources and opportunities to develop training programs for family day care providers. One important outcome of this legislative effort is its amelioration of the institutional and endemic isolation of family day care providers in this state from the remainder of the child care community.

Subsidized, Independent and Unregulated Family Day Care

The federal government, through Title XX, plays a key role in determining the current and future status of family day care homes. States are permitted to spend Title XX child care funds only in facilities that meet the Federal Interagency Day Care Requirements. Because of the historical difficulty in regulating family day homes (i.e., the administrative and cost burden of monitoring large numbers of homes in disparate areas) child care subsidies flow predominantly to center-based day care. In San

Antonio less than 3 percent of subsidized care is delivered in family day care homes, and all of this care is delivered through family day care systems. In Philadelphia the situation is similar: 10 percent of subsidized care is provided in system homes. Family day care systems, it appears, are born of the attempts of states to solve the administrative and cost problems associated with providing direct subisidies to family day care homes.

Legislative initiatives regarding the use of Title XX funds in California have, in effect, removed many of the constraints related to subsidized care among family day care providers. In 1976-1977, the Legislature through AB 3059 substituted $15 million of state general funds for federal Title XX funds allocated to child care through a shifting of social service dollars. This funding substitution was intended to serve more children by enabling child care programs to operate under less restrictive adult/child ratios than those specified by the Federal Interagency Day Care Requirements (FIDCR). This action also provided a way for the state to purchase care in family day care homes at a cost relatively lower than center-based care--but without sacrificing quality. As a result more subsidized care is provided by family day care providers in Los Angeles than in either Philadelphia or San Antonio.

Although unintended, the cumulative impact of regulatory practices at both the state and federal levels has been, in general, the benign neglect of family day care. The importance of this neglect becomes clear when one considers the proportion of the total child care slots in this country represented by family day care: nationally more than half the number of children in some type of child care arrangement are cared for by family day care providers.

The great majority of these children are under three, an age that experts in cognitive development agree is most crucial to a child's normative growth.

Viewed from this perspective, the finding that most family day care providers (approximately 80%) have never had any child care training takes on special importance--not only because of the cognitive developmental needs of young children, but also, some feel, because of an increased potential for child abuse and neglect among unregulated providers. However, significantly more subsidized providers in all sites have had some child care training than either licensed/registered or unregistered providers. This tendency is especially evident in Los Angeles. With the advent of AB 3059 a significant amount of money for family day care became available for the first time. Many funded agencies have employed staff to develop training programs for family day care providers. In some instances this training is taking place in the homes, and in other instances, classes are held at a central location such as a neighborhood school or junior college. Other training opportunities for family day care providers have increased as homes have become affiliated with centers in a satellite arrangement. In sum, there are more training opportunities for family day care providers in Los Angeles than in either Philadelphia or San Antonio.

In terms of the characteristics of the family day care providers, the similarities from city to city are striking. In Philadelphia unlicensed providers, as a group, are considerably younger (with a median age of 33 years) than licensed (40.0 years) and sponsored (40.9 years) caregivers. In San Antonio caregivers are in general somewhat older than in the other two study sites. This age differential by the regulatory status of the provider holds across all three sites. In general, unregistered providers are younger than either registered or subsidized (sponsored) providers.

The provider's age data also suggest that there is a large differential between White and non-White caregivers. This is due in large part to the fact that substantial numbers of the White unregulated caregivers are young mothers, with a median age of 30 (across all sites).

It may also be discerned that caregiver age varies substantially by the regulatory status of the home. Both the data and site interviews suggest that a leading criterion in selecting caregivers for sponsored agencies (or for family day care systems) is their prior caregiving experience; as a result there is a strong correlation between age and experience in each study site.

Another striking similarity in all three cities is the tendency of family day care to be ethnically homogeneous; that is, the ethnicity of the provider and the children is usually the same. Apparently this pattern is stronger in unregistered homes than in sponsored or registered homes. Among the factors explaining this effect are the eligibility criteria for Title XX care and housing patterns in the cities. Title XX child care facilities segregate children by economic background, and neighborhood social patterns segregate them by race. Neither of these phenomena has caused great concern among the site case study respondents.

The age of children cared for in family day care homes is also similar in all three sites. The children in care tend to be three years old or under, and there are more infants present than found in most center facilities. There are, however, interesting differences across types of homes, particularly in numbers of school-aged children and very young children in care. Generally there are more infants and school-aged children present in unregulated family day care homes than in either sponsored or regulated homes. There are, however, more school-aged children in family day care in Los Angeles, resulting in a higher mean age of children across type of home (regulated, unregulated, sponsored) compared to the other two study sites.

One marked difference between the cities is the presence of relative care. Both San Antonio and Los Angeles have sizable amounts of relative care, but the overall incidence of care by relatives in Philadelphia is very low. In San Antonio, significantly more relative care was found among unregistered providers (40%) than among either sponsored (4%) or registered providers (8%). This practice is also more pronounced in Hispanic and Black homes than in White homes. As noted, very little relative care was found among family day care providers in Philadelphia: sponsored, 1.7 percent; licensed, 6.7 percent; and unlicensed 9.1 percent. As in San Antonio and Los Angeles, however, there is a higher incidence of relative care among ethnic minority groups.

Finally, the income structure by type of care confirms the fact that family day care providers are very poorly paid. Counting all of the children in care, sponsored providers average $1.92 per hour, regulated providers $1.39 and unregulated providers only $.85.

Fees varied not only across sites and types of homes, but also across ethnic groups. In all three sites

White non-Hispanic caregivers charged the highest fees. Fees in San Antonio were consistently lower, across all groups, than fees charged in Philadelphia or Los Angeles. In Los Angeles, fees decreased across type of home from sponsored to unlicensed care. This trend holds for Philadelphia, but was barely maintained in San Antonio, where fees for sponsored and licensed care are very similar. (It should be noted that there was no White non-Hispanic sponsored care in San Antonio.) Finally, free care was, of course, highly correlated with relative care and appears predominantly in unregulated homes.

Respondents' Views on Family Day Care

In each city more than 30 interviews were conducted with child care officials, advocates, licensing workers, practitioners and legislators. Surprisingly, there was a high degree of consensus among these respondents.

- Family day care has very low visibility and is not considered an issue or at a "level of consciousness" among public officials or the public at large.
- Training for family day care providers is considered a priority if the need for quality child care is to be met.
- Child care facilities with a specific cultural or ethnic orientation are not heavily represented, nor are they considered an important need.
- The socioeconomic and racial segregation of children in family day care, and in child care facilities generally, has not generated controversy nor has it become an issue.

- Blacks and particularly Mexican-Americans are more likely to prefer family day care than Whites because they are "more family-oriented."
- The states (Pennsylvania and Texas), in part due to financial constraints, are not generally responsive to child care needs.
- Generally the public is not knowledgeable about child care regulations applicable to family day care homes.
- Family day care homes are more appropriate for children under three years old, after-school care and children with special needs.
- Generally, information regarding the location, availability and quality of specific family day care is not available.
- The "quality" of child care provided by sponsored family day care homes closely approximates that of center care.
- Regulatory standards for family day care should be developed and implemented by the state rather than by the federal government because the state is "more knowledgeable about child care arrangements on a local level."

In sum, our view of family day care in three very different regulatory and cultural environments shows it to be an integral part of a community's social service network. The unintended consequence of state and federal regulatory policies has been to undermine the potential of this child care arrangement in favor of group care in centers, leaving family day care largely isolated from the child care community.

The initiatives in California provide some evidence that legislation and other creative governmental intervention can lessen the barriers of isolation characteristic of family day care. Given the overwhelming predominance of family day care among all child care arrangements and the increasing participation rate of women in the labor force, it is clear that family day care, with adequate support services, can make a significant contribution to the future need for quality day care. The problem of its regulation must be resolved by achieving a reasonable balance of responsibility among parents, caregivers and the government.

Part I

INTRODUCTION

The National Day Care Home Study, sponsored by the Department of Health, Education and Welfare, Administration for Children, Youth and Families, is a three-year study of family day care designed to further the understanding of family day care, its structure and place in the community, and its costs.

Family day care--child care provided in a home other than the child's own--constitutes the largest natural system of out-of-home care in the United States. Of the 7.5 million American families who regularly use some form of care for their children for 10 or more hours per week, fully 45 percent place their children in family day care homes. Family day care encompasses a myriad of arrangements between families and caregivers, ranging from informal agreements between relatives and friends to highly structured formal operations. Family day care homes operate both autonomously and within family day care systems or networks of homes, which may in turn form part of larger community agencies.

Despite the widespread use of family day care, little is known about the range of family day care arrangements, characteristics which may be associated with the regulatory status of homes or the cultural backgrounds of children and caregivers, or the dynamics of the family day care market. Similarly, it is not yet clear how caregivers can most effectively be supported to promote high quality care in home settings. As mothers of young children increasingly enter the labor force and more children than ever before need substitute care at younger ages, there is a critical need for high quality care at a cost which parents and taxpayers can afford. This can be accomplished in part through the development and implementation of sound standards for quality care, through training and technical assistance programs, through the improvement of service delivery systems and through strong support of parents in finding and maintaining child care which meets individual family needs. The National Day Care Home Study was initiated to provide a comprehensive information base to further the development of these important areas and to promote increased effectiveness and efficiency in the delivery of home-based care.

The National Day Care Home Study is a "first" in a number of ways. It is the first national study of family day care and the first attempt to describe its complexities as a social system. The three major types of family day care homes are represented in the National Day Care Home Study sample: regulated homes which are sponsored by an umbrella agency, independent regulated homes, and unregulated homes. The inclusion of unregulated homes in the sample constitutes an important breakthrough in the study of family day care; although these homes are the most common family day care arrangement, they are not easily identified and the cooperation of unregulated providers is not easily gained. The National Day Care Home Study is the first comprehensive study of the principal participants in family day care--the provider, the children in her care, their parents, and the formal and informal institutions of the day care community. It is also the only study of national scope to systematically observe the behavior of caregivers and children in family day care homes using sophisticated and carefully tested instruments. Finally, the study assesses the cultural diversity of family day care across the three groups who together constitute the great majority of family day care users: (non-Hispanic) Whites, (non-Hispanic) Blacks, and Hispanics.

Conduct of the Site Case Studies

The principal data sources for the National Day Care Home Study were interviews with caregivers and parents and observations in caregivers' homes while family day care children were present. These sources, however, can provide only a very limited view of the social and political framework within which care is provided. A host of contextual factors determine the scope and shape of child care services in a given community.

Nevertheless, many large-scale studies have been conducted with scant regard for this cultural environment. Typically, the use of a small number of surrogate measures obscures the rich variation among communities. Such oversimplification is particularly inappropriate to the study of family day care, which is closely intertwined not only with established community organizations, but also with the fragile and transitory informal social networks which evolve to meet community needs not met by established organizations.

It was therefore deemed essential to conduct site case studies as an integral part of the study of family day care in San Antonio, Philadelphia, and Los Angeles. Unstructured, open-ended interviews conducted with over 30 knowledgeable respondents in each site provided the qualitative information needed to complement quantitative data collected through observations and structured interviews.

In order to ensure the integration of qualitative and quantitative data, each site director was responsible not only for the timely and appropriate collection of data from parents and caregivers, but also for the collection of information for the site case study.

The National Day Care Home Study site case studies yielded several important types of information. First, they provided a clear demographic profile of each city, including community ethnic characteristics, median income and level of education of the population, proportion of women in the labor force, percentage of families with incomes below the poverty level, and statistics on welfare, AFDC and child care funding. Data were also obtained about special conditions relevant to family day care, such as inadequate housing, high unemployment, racial tensions or problems with illegal aliens. This in-depth understanding of the cultural setting produced a picture of family day care as a part of family life in the study sites. Narrowing the field of investigation, National Day Care Home Study staff explored the day care community in each site, identifying key persons and groups who have influenced the course of family day care as a social service--state and local officials, child care advocates, staff of organizations that provide child care training, directors of public and proprietary day care centers, staff of family day care sponsoring agencies, and community leaders who could provide insights into the social, ethnic and political dynamics of child care in each site. In this way, staff were able to address such issues as the relationship between center day care and family day care, the availability of training opportunities, local attitudes toward training and its relation to quality care, and the dissemination within the community of information about child care.

Finally, critical issues of the regulation and funding of family day care were examined:

- current regulations pertaining to family day care, recent changes in regulation, prevailing attitudes about the appropriateness for family day care of current regulations, and new legislative or regulatory initiatives underway;

- the influence of federal and state policies on the local characteristics of family day care;
- the monitoring process and level of enforcement of regulations in family day care homes;
- federal child care funding (Title IV-A, Title XX, USDA Child Care Food Program); and
- state, local and charitable funding of family day care systems (e.g., funding by county welfare organizations, state social service boards, the United Way, and church organizations).

Organization of the Present Volume

The remainder of this volume consists of four papers concerning family day care. Part II, written by Ricardo A. Millett, focuses on San Antonio, a large southwestern city. Part III, written by Richard T. Mayer, is a study of the northeastern metropolis of Philadelphia. Part IV, written by Nancy Irwin and Blanchita Porter,* is a study of family day care in Los Angeles, one of the largest and most populous counties in the United States. These three papers, although developed in parallel through the methodology described above, are different not only in style but also in emphases, reflecting differing concerns in the two sites. Attempts have been made, however, to make the papers comparable--to the extent possible--in the data they present.

Part V, "Family Day Care: Present Status and Regulatory Future," by Ricardo A. Millett, draws together themes developed in the site case studies and discusses their regulatory implications. Finally, Appendix A presents specific policy recommendations of the National Day Care

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*Ms. Porter is a senior analyst on the CSPD staff who had a subcontract with AAI for the conduct of this study.

Home Study consultants, as developed during a recent policy seminar.*

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Ricardo A. Millett, Ph.D.
Richard T. Mayer

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*The consultant panel to the National Day Care Home Study was established during Phase I to provide important formative advice, consultation and peer review throughout the study. Panel members have been active in the child care field--as practitioners, administrators and researchers. They include Black, White and Hispanic persons to ensure sensitivity to issues of concern to the populations most frequently served by family day care.

PART II

FAMILY DAY CARE IN SAN ANTONIO: A CASE STUDY

Ricardo A. Millett, Ph.D

Chapter 1: THE SETTING FOR FAMILY DAY CARE IN SAN ANTONIO

San Antonio is indelibly Hispanic in character and mood. The city's historical ties to Spain and Mexico have shaped its milieu in ways that make it exceptional among the larger cities in the U.S. This effect in large measure is due to the continuing cultural ties which the predominant ethnic group maintains with Mexico. The city itself is only 150 miles from the Mexican border at Laredo, and is heavily traveled by tourists and merchants moving between the two countries. Spanish is spoken as frequently as English in downtown business establishments, and more often than English in most households. The heart of the city is traversed by the San Antonio River, lending a Venice-like ambiance to the area. Coupled with an almost tropical climate, these characteristics give the visitor more the impression that he is in a foreign city than deep in the heart of Texas. The Alamo, located in central San Antonio, serves as a reminder, however, that one is indeed in Texas.

Family day care is very much a part of this very individual city.[1] In San Antonio there are more children three years and under cared for in family day care homes than in any other child care arrangement.* Yet, as one child care official reported with some concern, "There's an appalling lack of knowledge about family day care." In fact, very little systematic information has been gathered about family day care anywhere; one writer referred to it as an "underground social service." Although there are more proprietary day care facilities, more opportunities for child care training, more child care advocacy organizations and more child welfare services in greater San Antonio than there are in 80 percent of the counties in Texas, none of these organizations knew very much about family day care homes. No one represents the family day care providers in San Antonio.

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*The care of a child in the home of an unrelated caregiver was not commonly known as "family day care" in San Antonio, but was referred to instead as "babysitting." However, because the National Day Care Home Study referred to such care as family day care, many low- to middle-income families in San Antonio are now familiar with this term.

These caregivers appear to be isolated from the remainder of the child care community. In some ways current regulatory requirements, both state and federal, contribute to this isolation. For example, subsidized child care services must meet the Texas Quality Child Care Requirements (QCCR), which are closely modeled after the Federal Interagency Day Care Requirements (FIDCR). This means that subsidized facilities must meet more stringent child care standards and provide more supplementary social services than are required of other child care facilities. As a consequence, less than 3 percent of subsidized care in San Antonio is purchased from family day care providers.

These few homes are all represented by the local community action agency (family day care system), which provides services exclusively to subsidized clients. However, most subsidized care is purchased from center-based facilities, both public and private. As a result, the vast majority of family day care providers do not have equal access to the resources available to subsidized or commercial center-based child care facilities. In particular, many agreed that family day care providers needed support resources, especially in the area of child care training; yet there has been no effective response to this need. State agencies cannot afford to support this training, and most child care organizations are involved with other concerns. As one respondent put it, "Local organizations don't get involved with family day care because they are not composed of family day care people. It is not that they don't want to, but group care is enough to deal with." Yet most of our respondents had clear and unambiguous opinions about family day care. They felt that this mode of child care is more appropriate for infant care, after school care and care of children with special needs than is center-based care. In addition, they felt family day care afforded parents and children more personal attention and was more flexible in hours of service. Equally important to respondents was the reinforcement of the cultural values of the community in family day care homes.

The comparative isolation of family day care is ironic in view of the fact that the State of Texas has pioneered in the area of family day care regulation. The State boasts of its accomplishments in developing a list of "practical, sensible day care standards," standards that many other states are seriously considering adopting. Since the adoption of registration, the State has devoted more attention to family day care homes than have most others, but the absolute level of investment is nevertheless very low.

Among the topics addressed in interviewing local respondents were the current regulatory standards and their application to family day care homes, the conditions under which family day care compares favorably with group day care, and the role the federal and state governments should play in the provision or regulation of this mode of child care. The philosophy of the State and its responsiveness to child care needs were also explored. Several interesting patterns emerged, some similar to patterns observed in Philadelphia and Los Angeles. Other patterns were unique to San Antonio and reflected the peculiar character of the city, its people, its history, and its culture. Still other patterns seemed to reflect the vested interest of a particular group, such as proprietary group day care providers, who see the less expensive and less regulated family day care service as a threat to their business. There is considerable tension between these two groups, and whereas proprietary care is highly organized and can effectively have its critique of family day care heard at the local and state levels, family day care has no organized representation to defend its advantages.

The quality of child care is one issue involved. Some respondents contended that family day care providers are not adequately trained, are in business only for the money, lack the resources of a center facility for children's cognitive development, and do not usually maintain healthy or safe home environments. Other respondents were convinced that the homelike environment of the family day care home, the warmth of the provider and the flexibility of hours make the family day care home a better place for children than center facilities. Some Mexican-American respondents proclaimed that the family child care network in the "barrios" was an intrinsic part of their culture and played an important role in maintaining strong ethnic and community values.

Our respondents agreed on three areas of child care needs in San Antonio: infant day care, after-school care and care for children with special needs. They also agreed that family day care could meet these needs, although they question whether family day care providers were or could be adequately trained to provide the "quality" care required. The Department of Human Resources (DHR) would like to see family day care used to fill this service need, but fiscal restraints prohibit new initiatives.

According to local licensing workers, registered family day care providers want respect and recognition. They also feel the need for the advice and consultation services available under the previous licensing law, but absent now that family day care registration is in place.* The new law ushered in registration and outlawed licensing workers from providing consultation to providers (unless specifically requested).

These are some of the issues this site case study attempts to put into context. In the following section a brief overview of the state and the locality's history, child care regulatory practices and demographic characteristics is presented as background. A more detailed analysis of the issues and concerns from the perspective of a wide range of day care actors is the subject of the subsequent section. We hope in this manner that the reader will gain an understanding of family day care in San Antonio.

1.1 Background: Texas and San Antonio

Among the first things that impresses most students of Texas is its size. Texas ranks second in size only to Alaska; in population it has never been less than sixth among all the states. While its grandiose features have proved to be an asset to the state, its size has also created problems peculiar to Texas. Texas' size presents a formidable challenge in the planning and delivery of social services. One official of the DHR noted, "In Switzerland it is easy to boast about comprehensive child care services--they have a relatively homogeneous population. Here in Texas we virtually have seven distinct regions, each with a culture, tradition and population as different as one European country from another."

Because of the vastness and diversity of the state, any attempt to draw a generalization of family day care in

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*This registration system is described in detail below.

Texas would be imperfect. Many respondents remarked that it is easier to understand Texas as a region of the U.S. than as a state. San Antonio is located in the Gulf Coastal plains of Texas in an area commonly considered the Rio Grande province. The culture of this area is heavily influenced by its proximity to the Mexican border and the presence of a large Mexican-American population. In contrast, hundreds of miles to the north is the great plains area, beautified by the yellow pine forest and rich in oil reserves. The people of this area are little influenced by the concerns of the almost tropical and undeniably Mexican Rio Grande province, and perhaps even less interested in the concerns of residents of Dalhart, in the Texas Panhandle. Dalhart is nearer to the capitals of Nebraska, Colorado, Kansas and New Mexico than to Austin, the capital of Texas.

The sheer size of the state allows regional inhabitants to boast a strong, almost tenacious sense of independence. The social values of these peoples are embedded in a history and tradition that makes Texas unique. The "Lone Star State" is the only state in the union that was an independent republic. Three centuries after Alvar Nunez Cabeza de Vaca first set eyes on the Gulf Coast in 1528, the area known today as Texas had changed hands from the Spanish to the Mexicans, and afterward to the Americans.

San Antonio has played a prominent part in this history. It was in this territory that Stephen Austin decided to realize his father's dreams. Austin initiated and encouraged the settlement and colonization of the (then) Mexican territory by Americans seeking the territorial promises of the West. Actions taken by the Mexican government to discipline, control, and ultimately discourage the growing American presence eventually led to the Mexican-American war. The battle for the San Antonio area featured major victories for both the tenacious American colonists and the Mexican army. The area was first captured by the Americans, who forced the Mexicans to withdraw from sovereign Mexico. Within months the Mexicans recaptured the territory in a battle that has glorified Davy Crockett, Jim Bowie and other American folk heroes. The famous war cry "Remember the Alamo!" inspired the American colonists and lead to their ultimate victory in the battle of San Jacinto.

Although the Mexicans lost the war, they remain the dominant people in the Rio Grande province, particularly in San Antonio. Their culture, language and traditions have made San Antonio the most festive city in Texas--in fact, San Antonio is known as the Fiesta City. The annual fiestas, carnivals, special days and special weekends, celebrated in a nearly tropical climate, lend an air of vitality to this city. Its historical past blends beautifully with a developing skyline. Old Spanish buildings, recently renovated, sit elegantly along the banks of the San Antonio River in the heart of the city.

This history of independence and self-reliance is important not only in understanding the Texan milieu, but also in providing a context to describe its response to child care needs. The change from a predominantly agricultural population to a predominantly urban one has been more recent and dramatic in Texas than in other states. Between 1930 and 1970 the state's farm population declined from a peak of 42 percent to 8 percent of the total population. One of the results of this population shift has been a significant upsurge of women in the labor force. Considered against the alleged conservatism of Texas' stance on welfare and women's issues, some of the factors behind local and county governments' reluctance to meet child care needs emerged. These needs have been dramatically presented in a publication entitled: "78 Things You Need to Know about Texas Children: Still the Darker Side of Childhood," in which descriptive statistics underscoring the welfare needs of children are presented. Although the publication was produced by a branch of the DHR, it concludes that the Texas legislature has not effectively responded to the state's child welfare needs. The authors estimate that if the present population trend continues, some 610,400 women with children under six in the state will be in need of child care services by 1980.

The picture that emerges from the compilation of statistical information reveals that a significant proportion of young children in Texas are without adequate child care, medical care and educational training opportunities. In general, the child welfare needs of the state are reflected in Bexar* County, where San Antonio is located.

Child care values and goals differ by ethnic group. In Texas, child welfare planners are, in general, sensitive to the racial composition of communities. This awareness is helpful in identifying needs for bilingual programs and the staffing of child care programs with people who are culturally sensitive.**

Although the Mexican-American population of the state as a whole is only 20 percent, Mexican-Americans constitute slightly over 50 percent of the total population of Bexar County. Blacks are a relatively smaller portion of the population in Bexar County (7%) than they are in the state (13%). The number of Mexican-American families in Bexar County with children under six (40%) is also higher than among their counterparts in the Anglo or the Black communities.

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*Pronounced "bear."

**One study commissioned by the Texas Education Agency specifically addressed the issue of the identification of Texas Anglo, Black and Chicano child-rearing and child care practices in relation to child care competencies.

Further, our respondents agreed that Mexican-Americans tend to prefer family day care over center-based care. They surmised that this preference is related to Mexican-Americans' closely held family values, their alienation from Anglo-dominated institutions and the lower cost to parents of family day care compared to group care.

The economic picture in Texas is one of both wealth and poverty. Despite the state's oil, cattle and agricultural riches, more than half of all families in the state with children under six have incomes so low that they find it difficult to enjoy a decent quality of life. Using the U.S. Census Bureau's 1975 definition of poverty ($5,050 or less for a family of four), one of every five children in Texas lives in poverty. This proportion is higher for those living close to the Mexican border. Twelve percent of all Texas children live in the Rio Grande province area, which is among the poorest regions in the country. Obviously, children of poor families are more likely to be deprived of adequate nutrition, health care, learning opportunities, and quality child care services.

A significant portion of the greater San Antonio area's population is struggling on a day-to-day basis under dire circumstances. Almost 43 percent of all families have an income of less then $7,000; 25 percent have an income of less than $5,000. There are 12,887 persons receiving AFDC--6 percent of the state's total AFDC population (Bexar County also holds 6% of the state's total population).

The economic picture of San Antonio can be better understood in comparison to Texas' two other major urban areas. Within the last three years, the number of building permits granted in Houston has gone up 40 percent. In San Antonio the number has decreased by 2 percent. San Antonio's unemployment rate (9.3%) is twice that of Dallas and more than a third higher than the state's (6.0%). Work opportunities are handicapped further by the dearth of industry in the area. For example, Houston has 122 home-based companies listed on the New York Stock Exchange--industry-poor San Antonio has only 11 such firms.

The military presence provides the most stable economic base for this city. San Antonio ranks as a vital military center for the nation. Historic Fort Sam Houston consists of 1900 buildings on more than 3000 acres of land within the city limits. Brook Army Medical Center, established in 1946, constitutes a concentrated source of medical research money flowing into the city. Kelly, Lackland and Randolph Air Force Bases and Brook Air Force and Aerospace Medical Division are other military establishments. Generally, the San Antonio economy has become dependent on the military establishment. More than one job in four is on a government payroll; only Washington, D.C. has a higher percentage. The federal government alone accounts for one-third of the city's total wages.

In the last ten years the labor force participation of Texas mothers with children under six has increased 50 percent. This trend is expected to continue. The great majority of these women are working because of economic necessity, and the preschool children of all these mothers require some form of child care. One of the more troubling groups of children in need of care, according to one state official, are the so called "latch-key children." In Texas, 3200 children under six are left to care for themselves while their mothers work. Although an estimate of the number of these children in Bexar County is not available, local officials fear that this number is substantial.

The percentage of females 16 and over who are in the labor force is approximately 40 percent, both in the state as a whole and in Bexar County. Child welfare officials expressed the most concern about the teenage portion of this population. Adolescent pregnancies in Texas have increased dramatically in the last five years. It is reported that one of every five babies born in 1976 had a teenage mother. In Bexar County, 3434 females between 15 and 19 became mothers in 1975; 77 children were born to females under 15 during this same year.

The concern of child care officials may be better understood when one considers that births to adolescent mothers in Texas are increasing at a rate five times that of all births. It is also reported that Texas ranks below 39 other states in the proportion of 25 year-olds who have graduated from high school, and that the illiteracy rate in Texas is nearly double that of the U.S.--only South Carolina, Mississippi and Louisiana have higher rates.[2]

In Texas the educational status of parents is of major concern. One-third of Texas fathers and 40 percent of mothers with children under six have not finished high school. More high school dropouts quit school because of marriage, pregnancy or both than for any other reason. In San Antonio, the median number of years of school completed is 11.6. The high ethnic minority presence, the high level of unemployment and the lack of educational opportunities suggest a high level of stress involved in parenting children. These are among the precipitating factors of child abuse--which is also at a relatively high level both in San Antonio and in the state.

As in most of the country, child abuse is an issue of grave concern in Texas. Over 34,384 child abuse and neglect cases were confirmed in Texas in 1975. In the greater San Antonio area during that year there were 1121 reported cases of abuse and 1747 cases of neglect. The local child protection agency investigated 7714 cases of child abuse and neglect.

The large number of reported cases of child abuse and neglect is in part attributable to a massive public information effort launched by the Department of Human Services in 1976. As a result of this campaign reported cases of abuse and neglect were doubled. Although the number of confirmed cases is signficantly lower than those reported, child abuse remains an issue of concern to most child welfare planners. Reported cases of child abuse among unregulated family day care homes increased approximately 14 percent the year following the public information campaign. Proprietary group care providers often refer to this statistic when comparing the "quality" of family day care to that of center-based care.

In sum, the picture suggested by the above economic and demographic descriptions is one of an increasing number of children in San Antonio in need of some form of child care. Various factors indicate that the use of unregulated family day care homes is also likely to increase. First, there is more family day care in San Antonio than any other form of day care service, and the bulk of these providers are unregulated. Local officials estimate that unregulated care accounts for 70-75 percent of all family day care. Family day care is also likely to be less expensive to the average consumer than center-based care. In short, working parents are more likely to find family day care more cost-effective and convenient than other forms of day care.

What concerns most child care planners, however, is the long-range developmental cost of this form of care. To what extent are unregulated providers equipped to meet the health, cognitive and other developmental needs of children? If current child development theories regarding the crucial early years of a child's development are correct, what are the implications of unregulated care for the poor and for ethnic minorities? In view of the need for quality care--especially among the poor--the prospect that most Texan children will be served in unregulated family day care homes was a cause of concern among most of our respondents.

1.2 State Social Services in Texas

Because of the state's large geographical mass, the administrative structure for the delivery of social services in Texas is decentralized to regional offices. The Department of Human Resources (DHR) administers and supervises child welfare, along with other welfare services, through 12 regions. The State Board of the Department of Human Resources provides policy guidance and direction to the DHR Commissioner, who is responsible for policy development and implementation. In general, the state's welfare system is locally administered and supervised by the State. This model could be described as "laissez-faire," allowing counties to respond broadly or stringently to locally perceived social needs.

There is no single government agency responsible for the delivery of child care services in the state. There are four major divisions within DHR that are responsible for some aspects of child care services. The Protective Services Division is responsible for the administration of welfare services offered to children and families in crisis; the Social Service Division administers child welfare services to persons eligible for welfare; the Child Development Division is a newly created office intended to develop and implement child welfare programs throughout Texas counties;

and the Day Care Licensing Division develops and monitors regulations for child care facilities.

There are five Deputy Commissioners, each responsible for one of the following major subdivisions within DHR: Management Services, Information Systems, Office of Operations, Medical Programs, and Financial and Social Programs. Most child-related services fall within the responsibility of the Deputy Commissioner for Financial and Social Programs. However, licensing of child care facilities is the responsibility of an Associate Commissioner, a position cutting through several levels of the bureaucracy.

Some of our respondents noted that one tragic incident in particular had contributed to this administrative arrangement. In Artesia Hall, a center for disturbed children in Liberty, Texas, a teenaged girl died after swallowing rat poison. Artesia Hall became a symbol for all that child care advocates alleged was wrong with state licensing practices. The owner of the facility was accused of withholding medical treatment from the victim, a resident in the facility. He was indicted for murder and within two weeks the facility was closed. The public inquiry that followed revealed inadequacies in the State's licensing system in particular, and the existing child care regulations in general. Investigators discovered that Artesia Hall was given a license to operate despite repeated recommendations from licensing field staff that it should be closed. The House Welfare Subcommittee in charge of the investigation concluded that if the proper procedures had been followed, Artesia Hall would never have been licensed. Their finding was supported by files in DHR (then known as the Department of Public Welfare) which documented beatings, hair pullings, cyclone-fenced human cages and unsanitary conditions which once contributed to an outbreak of hepatitis.

DHR was also charged by the subcommittee with not having strong enforcement of licensing standards. During their investigation, however, the subcommittee became acutely aware that DHR operated under significant fiscal and statutory handicaps in their effort to license and monitor child care facilities. It was this recognition that prompted the committee to endorse an act that would completely rewrite the 1949 licensing law. As one state DHR official recalled, "Artesia Hall was definitely a factor in taking licensing out of Social Services and providing us [Policies and Standards branch of Licensing] with the administrative support that we did not have before."

The Child Care Licensing Act supported and endorsed by the subcommittee was passed by the Texas Legislature in 1975. This act abolished licensing of family day care homes, replacing it with a registration system. It defined a registered family home as:

> ...a child care facility which regularly provides care in the caretaker's own residence for not more than six children under 14 years of age, excluding the caretaker's own children, and which provides care to additional elementary school siblings of the other children given care, provided that the total number of children including the caretaker's own does not exceed 12 at any given time.[3]

DHR child welfare staff were very supportive of this initiative. They had recognized the limitations of licensing family day care homes, especially given the fiscal constraints under which they were expected to perform. Under licensing, enforcement of regulations was weak. Many providers were not aware of the licensing requirements and, if they were, the standards were often ignored. The Texas sense of independence and the geographical dispersion of its isolated small towns and rural areas were factors contributing to the resistence to licensing standards--especially when applied within the privacy of a home.

The new law greatly simplified the definition of a family day care home and the procedure for "registration." The prospective family day care provider mails a letter or makes a phone call to the regional licensing office and requests a packet of registration materials. If possible, a local fire and health inspection of the home is required before the home is legally registered. In those communities where there are no local fire and health officials, the packet includes a fire and health safety inspection checklist that the caregiver must complete.

More often than not, a caregiver never sees a DHR licensing staff member during this entire application process. Although the Department has been criticized for this fairly informal procedure, DHR staff are convinced that it is more practical and appropriate than personal contact for regulating family day care. The concept and the standards for registration were derived from work by nationally recognized experts in the field. The original draft of the 1975 act was based on the works of Dr. Norris E. Class. One DHR official recalled, "Norris Class advocated registration--he got this notion from England. Gwen Morgan picked it up, and helped us set up a model of how it might work."

From DHR's perspective, registration was innovative, practical, cost-effective and an overall improvement over the licensing act. An evaluation report on the first year of DHR's experience with registration noted the following.

- The old licensing statutes defined foster homes and family day care homes as similar facilities, and were more oriented in practical terms to foster care facilities.

- Under the old law, a family day care home with more than six children in the home was considered a commercial day care center. Under these circumstances, a home was required to meet most of the same standards required of a center facility. This position was impractical in that a center serves as many as 100 children and is a separate physical plant, not a private home.[4]

A DHR respondent confessed that two factors underlay the decision to adopt registration: the issue of cost and an attempt to bring more "underground" family day care operations under the regulatory umbrella. Officially DHR states that the purposes of registration are to "increase the efficiency and effectiveness of the regulation program with the intent of improving the overall quality of child care in these facilities." Their evaluation of registration, done on a random sample of registered family day care homes, strongly suggested that registration is working in light of both official and unofficial objectives.

- The number of family day care homes under regulation has increased significantly under registration.

- Registered family day care providers tend to see registration as a more appropriate method of regulation for family day care than licensing.

- The cost per unit of registration is significantly lower than the cost per unit of licensing for similar facilities.

- Sample evaluations of registered family day care homes indicate that there is a fairly high degree of compliance with minimum standards.

- Examination of complaints of child abuse and neglect do not indicate any greater danger to children in care under registration.[5]

1.3 Family Day Care in San Antonio

Before focusing on family day care in San Antonio, it is useful to examine family day care in Texas as a whole, using the profile developed by the DHR during its evaluation of the new registration system. It is interesting that this profile of the "typical" Texas family day care provider did not support popularly held conceptions--that the provider is young, not trained or educated (and therefore has difficulty competing in the job market), and usually also takes care of her own children at home. Rather, DHR's study indicated that the typical provider:

- is female, white, married, aged 46;
- is a high school graduate;
- grew up in a rural area;
- has been employed as a clerk;
- is married to a foreman;
- has provided child care continuously for four years;
- has a family income of $10,000 (approximately equal to the state average);
- lives in a city with a population of 500,000;
- owns her home--a single-family dwelling worth $20,000, with six rooms and one bathroom;
- has a home in neighborhood of single-family dwellings;
- lives in a neighborhood which is in average condition, in a home which is above average;
- has lived in her home for ten years, and in her neighborhood for fifteen years;
- has no children of her own in care during the day;
- did not know children's parents previously (rather, parents were referred by a friend); and
- does not care for older siblings of children in care after school.

The study also indicated that typically, the children in family day care in Texas:

- are White and have both natural parents at home;
- are young, and partly as a function of this, have been in care only a short time (around 15 months); and
- live within two miles of the family day care home.

The National Day Care Home Study profile presents a somewhat different picture--limited in scope to San Antonio, but showing a more detailed breakdown of caregiver and child characteristics. For example, because Mexican-Americans do not constitute a significant proportion of the total Texas population, the median statistics of the DHR state profile tend to obscure variations in this subpopulation. In San Antonio, on the other hand, Mexican-Americans are a significant group, numerically as well as culturally.*

Table 1 presents summary profiles of unregistered, registered and sponsored family day care providers in San Antonio, allowing comparisons among these three groups.

The most striking difference among family day care providers is in their training as caregivers. Significantly more sponsored providers have had some child care training than either registered or unregistered providers. Sponsored caregivers are also considerably more likely to consider family day care a permanent occupation than are registered caregivers, who in turn voice this opinion more than do unregistered providers. Sponsored caregivers tend to be slightly older and to have slightly less education. Registered providers tend to have the highest total household

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*In the National Day Care Home Study sample, 40 percent of all caregivers were Hispanic.

Table 1

Profile of Unregistered, Registered and Sponsored Caregivers in San Antonio

	Unregistered	Registered	Sponsored
Median age	41	41	56
Percent married	70	82	85
Median years of education	12	12	10.5
Median household income (including family day care)	$4313	$6636	$4625
Family day care income as percent of total income	10	25	--[a]
Percent who consider family day care a permanent profession	55	75	91
Percent with training	12	23	81
Median age of children in care	3.5	2.6	2.6
Median number of children in care	2	4	4
Percent of children of same ethnicity as caregiver	89	75	74

[a] Data not available.

income, and also to be most dependent on family day care as a source of income.

Whereas sponsored providers may take only children referred by the sponsoring agency, EODC, and are limited to a maximum of 6, registered providers may serve 6 children and 6 additional after-school siblings (the total not to exceed 12). National Day Care Home Study data reveal that across all categories the median number of children enrolled in family day care homes is three. Unregistered providers usually care for fewer children than registered or sponsored providers. Almost all homes fell within federal enrollment guidelines.

The majority of children in San Antonio's family day care homes are less than three years old (median age of 2.5). National Day Care Home Study data reveal an exception to this generalization among children in unregistered White and Hispanic homes, who tended to be more than three years old (median age of 3.5), possibly due to the presence of school-aged children. The regulatory status of homes seems to be a predictor of the extent to which children and caregivers are related. Significantly more relative care was found among unregistered providers (40%) than among either sponsored (4%) or registered providers (8%). This practice is also more pronounced in Hispanic and Black homes than in White homes. It is also true that 80 percent of children in unregistered homes are referred by people close to the caregiver (relatives, neighbors or friends). All the children in sponsored homes, of course, are referred to the caregiver by the EODC.

Family day care in San Antonio tends to be segregated; that is, the ethnicity of the provider and the children in care is usually the same. This pattern is stronger in unregistered homes than in sponsored or registered homes.

Stratifying unregistered providers by ethnicity shows that White providers:

- are younger (31) than Hispanic (45) or Black (48) providers;
- are more likely to be married (88%) than Hispanic (42%) or Black (75%) providers;
- have completed more years of education (12.5) than Hispanic (9.5) or Black (12.1) providers;
- are less likely to consider family day care as permanent employment (47.4) than Black providers (52.1) but more likely than Hispanics (37.5);
- have a higher median household income ($6400) than Hispanic ($3857) or Black providers ($2333); and
- are equally likely to have received some child care training (14%) as Black (12.5%) or Hispanic (10%) providers.

Stratification of registered providers by ethnicity reveals that Hispanic providers:

- are younger (39) than Black (57) or White (41) providers;
- have completed fewer years of education (9.75) than Black (12.37) or White (12.25) providers;
- are more likely to be married (96.8%) than Black (61.5%) or White (78%) providers;
- are less likely to consider family day care as permanent employment (58.1%) than Black (84.6%) or White (80%) providers;

- have a higher median household income ($6750) than Black providers ($3500), but equal to that of White providers ($6750); and

- are equally likely to have received some child care training (28%) as Black (31%) or White providers (33%).

There are a total of 18 family day care homes in the EODC system.* Of these, nine are Hispanic and nine are Black; there are no White homes in the system. Generally, Black providers in the system are older (58) than Hispanic providers (51), have completed more years of education (11.37) than Hispanic providers (8), and are less likely to be married (68%) than Hispanic providers (100%).

The National Day Care Home Study profile and the outcome of the DHR evaluation together reassure DHR officials that registration is working better than licensing. One official remarked, "Realistically, it represents a trade-off. What we are saying to many child care consumers is that we will take care of the bad problem ones [family day care homes]--on the other hand, we want to educate the community about their responsibility for this type of care. In other words, the people must monitor the quality of the homes themselves."

Registration seems to represent a practical compromise between the concern for the quality of family day care homes and the fiscal handicap of the Licensing Branch. Many of our respondents, as well as registered family day care providers themselves, are satisfied with the appropriateness of the minimum standards for registered family day care homes. There remains significant doubt among them, however, that DHR's monitoring practice is an effective control for quality. In practice no regular monitoring visits are performed, although a random sample of 5 percent of all homes in Texas are spot-checked each year.

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*The total number of homes in the system varied throughout the data collection phase. Within the last three months of this period, there have been 18-20 homes, evenly divided between Black and Hispanic homes.

If an unregistered home is identified by DHR, a letter is sent requesting that the recipient contact the local DHR office. If there is no response, a telephone call is made to the home; only as a last resort is an actual visit made. It is this practice that frustrates some family day care providers who seek recognition for compliance with the minimum standards. "At least under licensing they came by... Registration is a step backward, it is like nothing at all." Nonetheless, DHR feels that registration is practical, cost-effective and places the onus of monitoring the quality of the service where it should be--on the parents.

DHR officials claim that Texas is a leader in child care, not only in terms of the extent but also in terms of the quality of its facilities. Available data on the number and type of facilities indicate that there are approximately 1600 licensed commercial centers, 1000 licensed nonprofit centers, 150 licensed group day homes, and some 4000 registered family day care homes in Texas.[6] California has more State-regulated care than Texas, although Texas has more center-based care than any other state. In California, however, a significant number of subsidized care slots are purchased from family day care providers. Less than 5 percent of subsidized care in Texas is purchased from registered family day care homes.

Most subsidized care in Texas is purchased with Title XX funds. Each DHR regional office has delegated authority to purchase or contract child care services for income-eligible clients. Over the last four years Texas has used an average of 17 percent of its Title XX allocation for child care, as indicated in Table 2.

Table 2

Title XX Child Care Allocations

	Title XX	Child Care
1975	$100,348,168	$12,551,664
1976	140,500,000	22,283,284
1977	142,500,000	25,197,018
1978	143,500,000	23,790,870

Title XX funds may be used to provide 75 percent of the State-subsidized care. The State General Revenue Funds provide anywhere from 1 to 25 percent of the remaining funds, depending, in part, on the proposed number of current recipients the facility intends to serve. Local match is usually required. One official estimated that it has averaged 45 percent of the 25 percent not provided by Title XX. (In San Antonio this average has been only 36%.) If the local match includes local funds (other than state funds) the State charges a 5 percent "handling fee"--which eventually raises the local match to 30 percent of the cost. In San Antonio most of the 25 percent local match is provided through United Way or by the City of San Antonio. Less than 1 percent comes from private donors.

All current recipients of AFDC and SSI are eligible for Title XX services. Except for the aged, blind and disabled, the income cutoff for eligibility is set at 60 percent of the state's median income (adjusted for family size). Categories of protective services care included are:

- protective services for children and adults;
- protective child care;
- community services provided to clients referred by DHR protective service staff; and
- information and referral as part of any of the above services.

The fee is a weekly charge of 1.5 percent of the gross family income for the first child and an additional .5 percent for all other children served. DHR's priorities for filling available child care slots are as follows.

1. Protective service for children.
2. WIN/VR clients' children.
3. AFDC or SSI recipients who are working or in training.
4. AFDC or SSI recipients seeking employment.
5. Income-eligible clients who are working or in training.
6. Income-eligible clients seeking employment.
7. Children of AFDC or SSI recipients who need developmental opportunities.
8. Children of income-eligible clients who need developmental opportunities.

As in the state, most of subsidized care in Bexar County is provided by center-based facilities which are nonprofit and serve only Title XX-eligible children. The Economic Opportunity Development Corporation (EODC) operates the only family day care service receiving state subsidies. EODC operates what the 1975 Licensing Act defines as an "agency home"--more commonly called a family day care home system. Under this arrangement, EODC is licensed by the state to recruit and operate a system of family day care homes. EODC is also charged with the responsibility of insuring that a minimum standard of quality is met by all family day care homes in its system. The standards applied to agency homes are more stringent than the minimum standards for registered family day care homes. System homes must comply with both the FIDCR and the Texas Quality Child Care Requirements (QCCR), although some respondents observed that neither were strenously enforced. Each system home must be "certified" by EODC as having met all the required standards.

DHR does not purchase care from registered family day care homes other than EODC system homes. There are, however, a number of proprietary center-based facilities under "agreement" contracts with DHR. These centers provide child care services to current AFDC recipients who are in WIN or VR training programs or who have only had three months of continual employment subsequent to an apprenticeship. Proprietary centers under "provider agreement" with DHR are also required to comply with the QCCR.

Of the total 16,892 child care slots available in Bexar County, 87 percent are provided by proprietary caregivers, 7 percent by Title XX facilities and 4 percent by Head Start centers. The day care community is therefore dominated by proprietary center-based facilities.

Many of these centers are currently operating below capacity and would welcome the opportunity to serve subsidized clients. However, only DHR staff can initiate a provider agreement with a center; a former Commissioner of Social Services established a policy that Title XX funds could not be used to add to the coffers of profitmaking enterprises.

The QCCR also present a problem for proprietary providers. As previously noted, these standards require the provision of additional social services for the children in care. Most centers are unwilling to meet this additional cost. This situation has led in part to a disequilibrium in the San Antonio day care market, wherein proprietary centers are under-utilized while there are long waiting lists for Title XX child care slots. In recognition of this problem, DHR officials in the Child Development Division have initiated proposals that would allow present Title XX centers with long waiting lists to negotiate provider agreement contracts with either commercial or nonprofit child care facilities in their vicinities. This arrangement would allow the Title XX centers to provide the required social services, thereby freeing the "agreement" center from the burden of this cost.

Contracted child care facilities are reimbursed by a voucher system. When a facility is approved for contracting, it may receive up to 60 days advance money for initial operating costs. At the end of each month, centers forward vouchers to the state DHR office through the regional staff. The voucher lists the name of each child, eligibility status (current AFDC recipient, VR, etc.) and number of child enrollment days. It generally takes four weeks from submission of vouchers for the center to be reimbursed.

USDA reimbursement is separate, because the commodity section of DHR has a separate contract with each center. Centers are given a rate of reimbursement for each meal or snack, based on the client's income. In practice, reimbursement rates are determined either on the basis of such a formula or on the actual cost to the center for the meals provided, whichever is less. The turnaround time for reimbursement is six weeks. Some respondents observed that this was an improvement over the past, when it took as long as three to four months for centers to be repaid.

One fairly unusual aspect of some Title XX centers in San Antonio is the contract arrangement between the State and the Coordinated Child Care Council (4C's) of Bexar County. 4C's is the umbrella organization under contract with the State to provide day care services in San Antonio. 4C's, in turn, has a subcontract with 10 child care agencies,* providing care for a total of 758 children. Under this arrangement, 4C's provides technical assistance to its constituent centers. These services include auditing, assistance in filling out state and USDA vouchers, advocacy and staff training. Included in the 4C's budget request from the State, therefore, is a substantial administrative cost.

Recently, 4C's operation has been threatened by the general cutback in available state funds for child care services. Two factors seem to underlie this curtailment of resources. First, there is the nationwide ceiling on Title XX funds frozen at a level of $2.5 billion. Second, the cost of day care is expected to increase dramatically (21% from 1978 to 1979) because of the FIDCR's minimum wage increase (28% increase from 1978 to 1979), accelerating food costs (10% each year) and a recent court decision which is forcing the phase-out of the less expensive in-home child care arrangements previously allowed as an option to WIN/VR clients. These factors combine to make it difficult for DHR to justify an increase in the 4C's administrative budget. The 4C's director is certain that they cannot continue to provide the current level of quality care within this limited budget.

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*The designation "agencies" is appropriate here because these are community-based organizations which may be operating services in addition to day care centers.

The general economic downturn in the U.S. economy, coupled with the "Proposition 13" fiscal approaches championed by political candidates in the state's recent elections concern most child care advocates. They are convinced that the already weak response of the State to children's needs will become even weaker. Many respondents in fact described what they perceived to be a strong antiwelfare mentality permeating most state decisions on child care services. Their opinion, essentially, is that the conservative value system in Texas pushes state officials to be more concerned with saving money than with meeting the needs of children.

We turn now to a discussion of the sociopolitical context of child care in San Antonio. Despite the serenity of the Venice-like downtown area, racial and economic turmoil pervades most social service activities in San Antonio. The city is industry-poor, suffers a high level of unemployment, and is heavily subsidized with military dollars. The old oil and cattle "monied gentry" suppressed union activities and have successfully managed to keep the local wage rates low. Residents of the inner city (mostly Hispanics and Blacks) are seen as a problem by the "new money gentry" who would like to move them out and replace their substandard dwellings with new urban developments.

The older Mexican members of our staff recalled the days when they were not welcomed in the downtown areas.

One staff member recounted, "As a teenager, I couldn't even come to the movies at the Majestic Theater, and now here I am in an office on the top floor."* Anglos are currently losing the iron-clad grip they have had on city government as the majority Mexican-American population begins to flex its political muscle (although they are still a minority among registered voters).

The political problem among Mexican-Americans now is bridging the gaps within the Mexican-American populus--the greatest of which is due to a sense of "resignation--that nothing will change." "Chicanos" is the preferred name for the group among the young. They are more militant than "Mexican-Americans" in their efforts for change. Like the Black-Negro dichotomy, youth and newly found ethnic pride are the stratifiers.

Many of San Antonio's Mexican-American youth must leave San Antonio in search of gainful employment. Those who remain grow less patient and less willing to regard "everything White as right." They are more politically conscious and motivated, but remain unsuccessful in attempts to transform the Mexican-American majority into an effective political force.

Seemingly the most effective advocate group in the Mexican-American community is COPS (Community Organized for Public Service). Trained at the late Saul Alinsky's Industrial Areas Foundation in Chicago, and drawing their strength from the church, COPS' leaders have made this organization a major political force in San Antonio.

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*The respondent was the NDCHS site coordinator and widely known Mexican-American child care practitioner/advocate in San Antonio. NDCHS site office was located on the 15th floor of the Majestic Building.

After many attempts to organize the Mexican-American majority, this organization succeeded by focusing on social services. They challenged the diversion of city funds from projects planned for older parts of town--residential areas of the city's poor. The north side of the city, predominantly white and middle-class, always seemed to obtain more development funds. COPS successfully rallied the poor by pointing to the inequities. More city funds were allocated to building water main extensions, paving streets, and constructing drainage systems in the newly annexed areas of the city. COPS pointed out that the city council favored the suburban middle-class sections of greater San Antonio, and abandoned its "second-class citizens" in the inner-city areas.

In 1974 COPS gained a victory, some say "with the help of God." Torrential rains flooded the inner city areas. The absence of adequate drainage systems in these neighborhoods forced residents to abandon their homes. But the natural disaster helped to reinforce COPS' message to the poor. The Mexican-American voters and the poor Blacks of the west side turned out to vote two Mexican-Americans and one Black to city council seats. Since this time, COPS has used its influence to push social service issues--and they have done so very successfully. Some respondents believe that the two factors underscoring this organization's success are the nonpolitical basis of its activity and the strength it derives from its Catholic church-based leadership. Mexican-Americans in San Antonio, despite class or political divisions, have a strong common denominator in the Catholic church.

Blacks in San Antonio are balanced precariously between the Mexican-American majority and the financially and politically dominant Anglo population. Like the Mexican-Americans, most Blacks in San Antonio earn incomes below the median, are under-educated, and suffer out-migration of their youth. Responding to a question regarding the oppportunities for Blacks in San Antonio, one respondent commented:

> ...Let me be honest. Yes, Black professionals will have a hard time making it in San Antonio. Blacks have a hard time getting jobs--especially on the north side. A lot of young Blacks will be leaving this area. Because of this problem, educationally Blacks are severely deprived. Very few have higher educational degrees. Many are just interested in getting out of high school. Blacks are not too motivated in San Antonio. They feel that the Browns are going to get everything.

Unlike the growing potential influence of the Mexican-Americans, Blacks do not show promise in effecting significant political influence. One respondent described this population best when he remarked:

> San Antonio Blacks are sandwiched in between two great slices of bread. Blacks [here] don't have much identity. Most Blacks have little connection with [their] Black heritage or a Black sociocultural system... Blacks here have a choice: either the white side of the sandwich or the brown side--or stay in the middle and not rock anybody's boat... So we have many of the older Blacks, those over forty, who are fairly comfortable economically, and they are very quiet because you can't fault a system that has made you comfortable--you can't go out and cry about your identity. Which is more important, your identity or being able to live comfortably?

The local CAP Economic Opportunity Development Corporation (EODC) agency in many ways reflects the dynamics of race and politics in San Antonio. A great many federal, state and city social service programs are administered by this agency. EODC is, in fact, where most of the community activist groups fight over the division of social service dollars. In a city with a higher unemployment rate than either the nation or the state, the control of social service programs, jobs and budgets are high stakes.

However, too much fighting, alleged political deals, inflated staff salaries and too few social services have recently brought increasing attention to EODC activities. A federal probe accused EODC of a number of "irregular" and "illegal" practices. The preliminary report of the probe alleges that EODC's Mexican-American executive director "repeatedly asked employees to contribute funds to his favorite candidates or to work on their behalf." Equally damaging to EODC's credibility are the criticisms brought against the agency by COPS. They accuse the agency of not effectively using its social service dollars to meet the great needs of San Antonio's poor. When COPS speaks, the poor, the politicians and the business community listen. The city council is expected to take over most of the "controversy-plagued" programs manned by EODC.

Unscathed by the controversy is the director of EODC's child welfare programs. As one of few Black professionals in San Antonio, she directs the Head Start Program (the largest in Bexar County) and the only family day care system in the Rio Grande province area. Her secret to success: an avowed insistence not to have "race" considered in any agency decisions:

> I have a lot of Blacks and Browns working for me... Once they come to work for me we try to work on this attitude [tensions between the two ethnic minority groups]. I don't want to do the most for my Black employees... I do it for all employees. My job is to see that a program gets ahead--not just an ethnic group.

Recent press coverage of the EODC controversy suggests that many child care programs will be affected. Included among these is the family day care system, supported in part by the city government. Of most concern, however, is the possibility that EODC will no longer be eligible to receive federal funds, and will, in effect, lose its Head Start funds.

Against this background, the fact that child care in San Antonio is segregated by race and class can be better understood. Title XX facilities segregate children by economic background, and the neighborhood racial patterns segregate them by race. Neither of these phenomena has caused great concern among our respondents. As the director of EODC child welfare programs stated, "I don't feel that mixing poor and affluent children is the answer. If the teacher is a good teacher--this is more important." Moreover, there are few child care facilities that boast a program centered on any particular ethnic orientation. "We are zeroing in on the multi-cultural aspects rather than particular cultures. After the multi-cultural awareness base is set, perhaps we may set our sights on specific cultural identity of particular groups."

In sum, child care providers were reluctant to describe their program orientations as reflecting the culture of one ethnic group or another. However, city divisions along racial lines guarantee that ethnocentrism will prevail:

> Title XX centers began, for one reason or another, serving one or the other ethnic group--the city itself is blocked off into ethnic areas--so we have Title XX programs on the west side that serve predominantly Mexican-American children and on the east side predominantly Black children. Title XX programs in this regard are very ethnically oriented... Because the city breaks down this way, commercial centers also tend to be ethnically oriented in terms of the children they serve.

Finally, tension between the two ethnic minority groups is a fact that social service planners must reckon with as each group must compete for shrinking resources.

In the following section of this paper we turn to a more detailed presentation of the above and other issues which local actors viewed as having an impact on family day care in San Antonio.

Chapter 2: ISSUES AFFECTING FAMILY DAY CARE IN SAN ANTONIO

San Antonio has an active child care community. This city hosts more child care facilities, child care advocacy organizations, child development intervention programs, and early childhood training and education appointments than most urban centers in Texas. In our attempt to understand and describe the status of family day care in San Antonio, we identified a list of persons representing various child care interest groups. Using a "snow-ball" technique and cross-checking the list with each respondent with whom we spoke, a list of knowledgeable respondents was derived. Among them were licensing workers with five years or more experience on the job, people who operated proprietary and public center facilities; educators and trainers of early childhood development and people who planned and managed child care programs at the city, county and state level.

This purposeful selection of respondents gave us some assurance that we had covered the spectrum of child care actors in San Antonio. They represented not only particular organization and agency views, but also specific ethnic and cultural perspectives on child care arrangements. As noted earlier, none had knowledge about family day care broad enough to respond to all our queries. Each, however, was anxious to share experiences, frustrations, triumphs and hopes for San Antonio's child care future. Most important to this site case study are their insights on family day care, its present status, its potential and future in the child care market.

To better discern the patterns of the answers in each area of inquiry, we typed the respondents by agency/ organizational affiliation. The categories included representatives of the State Department of Human Resources (DHR), regional (Bexar County) DHR, child care providers (public and proprietary), early childhood trainers/educators, child care advocates and consumer groups. Analyzing the data in this manner allowed us to identify opinions which were consistent across all respondent types and those which were the concern of particular interest groups. Each respondent contributed a piece of the family day care picture which we present in the following pages.

Several opinions were supported across all respondent categories. These may be considered significant findings, based on two criteria: the opinion was expressed by at least one respondent in each category, or was shared by at least one-third of all respondents interviewed. Responses satisfying both criteria are especially significant, in that they reflect stronger agreement among respondents.

Opinions satisfying both criteria were the following.

- Family day care has very low visibility and is not considered an issue or at a "level of consciousness" among San Antonians or Texans in general.
- Training for family day care providers, and child care providers generally, is the greatest unmet child care need in San Antonio and in Texas as a whole.
- There has been no push to establish child care facilities with a specific ethnic or cultural orientation.

- The socioeconomic segregation of children in Title XX centers has not generated controversy nor has it been an issue in San Antonio.

- Afro-Americans and particularly Mexican-Americans are more likely to prefer family day care than Anglos because they are "more family-oriented."

- Regulatory standards for family day care should be developed and implemented by the State rather than by the federal government because the State is "more flexible and knowledgeable about child arrangements on a local level."

Opinions satisfying one of the criteria were the following.

- The State of Texas, in part due to financial constraints, is not generally responsive to child care needs.

- Generally the public is not knowledgeable about the new registration regulations applicable to family day care homes. The Texas/San Antonio public is generally resistant to regulation of family day care homes; however, as they learn about and have more experience with registration, they are becoming less resistant.

- Family day care homes are more appropriate for children under three years old.

In the remainder of this chapter we will present these opinions in the context of other documentary materials and attempt to synthesize their meaning in terms of the viability of family day care as a public service.

2.1 Family Day Care in Relation to Center Care

> It [the family day care home] is more humane for children under two...offers a comfortable environment...more like a home...especially for infants.
>
> --Child care educator/registered nurse

Almost unanimously, respondents agreed that a family day care home child care arrangement is more appropriate for infant child care. Although, when considering the issue of quality, respondents generally agreed that center-based facilities had more resources and better-trained providers. "If I had a choice, I would choose a home... They are usually close to home, they give children more individual attention, their hours are more flexible... but homes are not equal because they don't have the resources that centers have to offer."

Homes associated with an agency or some other resource-sharing organization were considered more favorably. One official of the Title XX Child Care Provider Association would like to see family day care homes as "satellites around day care centers." He said that he had adopted this idea from the Malcomb Host day care home system.* The "satellite" model is based on a "differentiated placement" child care plan. In this model infants and special needs children would have the option of a family day home care arrangement. The center-based facility, in turn, would provide training and other technical assistance to family day care providers. Although innovative and practical this plan was never implemented. Due to the "turf" situation in San Antonio, lamented a 4C's official, "we have not been in the day home business." (As previously noted, social service dollars are hotly contested in San Antonio.)

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*Malcomb Host runs the largest day care agency (system) homes in Texas and is considered by many child care actors as the pioneer in this field.

Models linking family day care homes with centers were also suggested. The general consensus was that linkage with an umbrella organization would enhance the quality of family day care home child care resources.

There was a strong minority opinion among respondents who claimed that comparing the two forms of care obscured the larger issue of parental choice and the needs of individual children. Generally these respondents felt that there was a need for both types of child care arrangements: "It depends on the child and the individual child's needs. It would seem that a child would develop better feelings of stability, security and belongingness in a family day care setting... better social skills, cooperativeness in a group care setting. Both kinds of care are needed. I think that parents need a little bit more education on how to choose between the two forms of care."

This is the strategy that the state-level respondents stressed--educating consumers on the benefits of and differences among child care arrangements. The entire registration concept as practiced in Texas, in fact, relies heavily on parents to make intelligent child care choices. To date, monitoring the quality and safety of family day care homes falls largely on the consumer. Since the institution of registration, however, the State has not done an effective job of educating the public about the merits of different kinds of child care arrangements. One regional official confessed, "I question whether we have provided enough information vis-a-vis the consumer."

Indeed, with the exception of the list of licensed/registered homes, information regarding child care services in San Antonio is lacking. One respondent well known among child care advocates in the city observed, "One of the greatest needs in this area as far as family day care is concerned is accessibility... It is difficult to find them. If you want this kind of care they are not listed. If you call DHR they do not specifically provide information... They provide less help along these lines than they did before [registration]... Most people [family day care providers] consider DHR hostile to family day care--they do not think DHR is an ally. They would rather remain incognito."

In contrast, center-based care and its representatives enjoy a good working relationship with both regional and state DHR. Because they are organized and may have among them people knowledgeable in child care, their technical advice and input usually is considered, if not sought, by DHR. Obviously, given that the bulk of subsidized child care slots are filled by center-based facilities, they have more opportunity to interact with and influence child welfare decisionmakers on the regional and state levels.

As already noted, family day care is more widely used among ethnic minorities. Most respondents estimate that Mexican-Americans are more likely to use family day care than center-based care, presumably because it is more "family-oriented" and ethnocentric. Blacks, it was noted, also tend to prefer family day care, although they "...regard education, historically, more highly than Hispanics and possibly think center care with a cognitive thrust is more appropriate." "Anglos seem to prefer group care." In rural areas and the less urban areas of San Antonio family day care is more popular independent of ethnic backgrounds, given the dearth of center-based care.

Overall, however, center-based care in San Antonio was considered superior to family day care. The differences in attitude are largely explained by the level of resources and training available to centers. If homes were similarly endowed, it is not certain that respondents would have made such clear-cut choices. Many would prefer family day care, other things being equal. This seemed especially true for Mexican-Americans, who tend to view family day care providers as an extension of their family.

A distinction must be made, however, between sponsored and independent family day care providers. In San Antonio, as elsewhere, sponsored providers have available training and supplementary social services that independent registered providers do not. Therefore the "quality" of child care provided by sponsored family day care homes closely appoximates that of center-based care. However, unlike Los Angeles and Philadelphia, where there are many family day care systems, in San Antonio there is only one. Indeed, over 95 percent of registered family day care in this city is unaffiliated, unorganized...isolated.

Among the many factors contributing to this phenomenon are the current regulations and policies affecting family day care. On the one hand, very little family day care is purchased by the State. On the other hand, registration of family day care homes is essentially a self-certifying process. These facts combine to isolate the majority of family day care providers from the remainder of the child care community.

In the next sections we will review the appropriateness of the current regulatory practices from the vantage point of our respondents.

2.2 Views on the Appropriateness of Registration for Family Day Care

> The State of Texas is anti-regulation of any kind... but those who know about registration consider it appropriate.
>
> --DHR licensing official

As previously noted, Texas is one of only 11 states to implement registration as the mechanism for regulating family day care homes. We asked respondents about the extent of public support for this strategy and for their assesments of its appropriateness. Our respondents perceive the Texas public as generally unaware of registration. More disconcerting was their perception that state and local politicians were "not conscious of registration," and not sensitive to child welfare needs in general. DHR respondents agreed that registration is working better than many had anticipated. The majority responding to this question, however, were especially dissatisfied with the fact that DHR has not enforced the standards that registered homes are required to meet.

The issue remains the same as it was during the Artesia Hall controversy: to what extent should the State be responsible for protecting children in child care facilities? Although the licensing act clarified the language and clearly established minimal standards for different modes of child care, the level of state enforcement of registered family day care standards is still an issue. Most of our respondents, in fact, voiced some level of disenchantment with present registration procedures.

Proprietary caregivers are opposed to registration because they believe "...there should be one set of requirements" for all child care facilities. Many family day care providers, especially those who were licensed under the old system, dislike registration: "What difference does it make? They don't come to check out what's being done." Besides, registration does not seem to carry the status of a license. DHR, however, views the situation "realistically" and considers it a trade-off, between what should be done and what can be done with available personnel and dollars.

DHR describes registration in Texas as a self-certifying system, whereby the provider checks his/her home against the standards established by the State. The consumer in turn is given the major responsibility of seeing that the standards are met. With the exception of a yearly 5 percent random monitoring of family day care homes, most providers never see a licensing worker. Unless a family day care applicant requests a visit or DHR receives a complaint regarding a registered home, licensing workers do not visit homes.

Since the implementation of registration, DHR has conducted several major studies on its effectiveness. One of these reviewed comments of regional staff concerning the "inadequacy of the registration system."[1] The study cited the following reactions.

- People do not understand what is required of them in either the standards or the registration packet.
- The definition of registered family day care homes and the specification of the staff/child ratio standard is confusing to providers; most do not understand how many children they may care for.
- The standards are too vaguely defined to be enforceable, especially regarding conditions for penalty or revocation of registration status.

In spite of these difficulties, licensing workers in San Antonio and both regional and state DHR officials are convinced that registration is effective and working well--even without continuous departmental inspections. Current DHR research casts doubt on this contention. Their findings indicate that over 90 percent of the homes in the study were violating five or fewer standards.[2] Standards violated most often are:

- fire inspections;
- sanitation;
- emergency medical authority;
- immunization records; and
- family TB tests.

Each of these violations adds to a larger concern, the protection of children in family day care homes. Although Texas' registration system places a great deal of the responsibility on the consumer, DHR's legal counsel does not believe it reduces the responsibility of the State to protect children in licensed/registered facilities. They have urged the Department to be more stringent in enforcing standards, and indicated areas where the present standards could be clarified. Specifically, they made the recommendations summarized below.

- Standards should be made more enforceable. They must make clearly understood what is expected by educating prospective and current providers on all standards required for registration covered in Section 5 of the Licensing Act (e.g., health, safe facilities, qualified personnel).

- An effective public education campaign should be implemented to inform parents of what registration does and does not do, and of their important role in monitoring standards. In short, an informed public is vital to effective enforcement of standards.

- DHR should assume more responsibility in educating and training family day care providers. They should:
  - provide one visit prior to registration to explain the standards, interview the applicant, and deliver registration materials;
  - make periodic telephone calls to providers to update registration rolls, inform them of scheduled workshops and other training opportunities;
  - provide staff time to work with marginal or noncomplying homes; and
  - deal strictly with unregulated homes and bring available legal statutes to bear on them.

With these amendments, DHR staff believe Texas-style registration "... can be the very best in the nation." If the DHR and the Texas Legislature implement the above recommendations, this indeed may be possible. Most respondents, however, are pessimistic. The legislators' "lack of consciousness" of child care needs, the "Proposition 13 mentality," and "anti-welfare" sentiments in the state, they assume, will conspire to curtail the funds needed to make changes. Most, however, are satisfied with registration and believe that it is appropriate for family day care. Current DHR research indicates that children in registered homes are not being subjected to "unacceptable levels of risk."

There are significantly more homes now under the regulatory umbrella, and most are generally complying with standards. As one veteran child welfare worker said, "If we look at it from where we [Texas] came from eight years ago... we've come a long way."

Although from an administrative point of view registration seems practical, it isolates family day care homes from DHR and other training and consultative resources. Through our respondents we were able to discern the nature and extent of this isolation. We now turn to a discussion of this issue.

2.3 Family Day Care as an Isolated Service

> No, family day care is not an issue here; very little is known or said about it. People [providers] seem reluctant about saying they do it for lots of reasons: they are not sure they're providing quality care, and a lot of it is going on... whether or not they're meeting standards and whether or not they'll be put out of business.
>
> --Director of public child care facility

This opinion typifies the characterization of family day care in San Antonio. There are more children in this form of child care arrangement than any other, and more concern is expressed regarding the quality of child care it provides. Some observed that most family day care providers are operating illegally and are afraid of being reported to the authorities. Mexican-American providers seem particularly intimidated by authority, and most would rather avoid intrusion into their homes by licensing workers, fire inspectors and health inspectors.

Generally, many family day care providers are simply not aware that they must be registered to provide care for their neighbor's, sister's, cousin's or friend's children. So, many are silent, unregistered, unknown... isolated.

We discerned various factors contributing to this isolation. Among them is the fact that many providers are not engaged in a business per se. The care they provide is intermittent, perhaps two hours a day or on Sundays when the family attends church service. These providers do not feel a need to be organized or registered.

There exist many more family day care providers who take care of children for twenty hours or more a week, charge a fee and consider themselves "in business," or at least "doing it to supplement their income." With the exception of the 18 providers that form a part of EODC's family day care home system, they are unorganized, largely outside of the regulatory umbrella, and from the point of view of many respondents, in need of child care training.

The fact that they have no organizational representation is highlighted when one considers that there are many child care advocacy groups and organizations in San Antonio.[3]

Even with a seemingly high level of organizational activity, no one represents the interest of the largest group of child care providers in San Antonio. One state-level DHR official informed us that this situation was not peculiar to San Antonio. In the state as a whole there are no informal or formal organizations representing family day care providers. There are, however, signs of interest to initiate such a group. One DHR official recalled, "The other day a lady from the Fort Worth area called and said she was willing to start an association of family day care providers. And we're encouraging her! We don't have many resources, but at least we will provide her with some minimum level support." In the entire state, this is the only reported initiative taken in this direction.

One may assume that the very nature of family day care does not lend itself to the level of organizational activity characteristic of group care. Individual, private, "underground" (unregulated), caregivers are providing a highly personal service in their homes. Many are not even aware that they provide an important and vital service to their communities. Unlike providers of subsidized care, they do not need technical assistance to fill out complicated vouchers and USDA forms. They are not obliged to come together under any organizational guise due to common contractual/service obligations to a predefined consumer clientele. Usually they serve families within their neighborhoods. San Antonio is a city of distinctive ethnic neighborhoods--one Black family day care provider on the west side is not likely to know a Mexican-American provider on the east side, and neither is likely to come in contact with the Anglo provider on the north side. In addition to the natural segregation of neighborhoods along ethnic lines, family day care providers are not conscious of themselves as an interest group. Their natural fragmentation leaves them without reason to band together.

Another important factor explaining their lack of organizational representation is the apparent state policy not to use family day care to fill subsidized child care slots. Unless they run an agency (system) home, family day care providers are not likely to serve AFDC, WIN, VR, protective service or income-eligible families. Herein lies a Catch-22 situation. If family day care were used, as in California, to serve subsidized clients, not only would they have cause for an organizational affiliation, but they would also be required to attend training programs and meet the minimum standards, thus attaining a level of quality and resources that most respondents are convinced they do not presently have. However, despite the pioneering regulation of family day care homes in Texas, very few child care contracts are let to them.

Child care facilities serving subsidized clients also gain a sense of legitimacy and social worth that apparently is absent among family day care providers in San Antonio. A remark often heard by our data collection staff as they interviewed providers was, "I didn't know people were interested in what I was doing or thought that I was important." Many providers were indeed enthusiastic and welcomed a visit to their homes. Our staff often heard them remark, "Not even the licensing people come to see me anymore." This sense of anomie seems to be pervasive among them.

The National Day Care Home Study changed this somewhat. We said we were interested in what they were doing, and impressed upon them that we thought what they were doing had social importance. Because many were not convinced of this before, they decided to participate in the study.* They were convinced that the National Day Care Home Study would bring them out of the shadow, tell their story, improve their image, or at least give them the voice that others have through their organizational representatives.

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*The identification of unregulated family day care providers was the most challenging aspect of the National Day Care Home Study field effort. In San Antonio our success was largely due to a multi-ethnic staff, each a resident of the city, committed to the welfare of children. They were the key to previously locked doors of "underground" (unregistered) family day care providers.

Family day care providers are also isolated from the many child care training opportunities in the greater San Antonio area. Respondents attributed this to various causes: because the sponsors of these sessions conduct them specifically for their own membership; charge a fee that family day care providers find difficult to pay; or conduct them at a time or place where they can't attend. In addition, as one child care trainer observed, "many providers simply don't believe they need to be trained to take care of children."

Finally, family day care providers are isolated within the child care community itself, a group significantly influenced by the presence of organized proprietary providers. Because family day care homes are not required to meet the more stringent licensing child care standards, proprietary centers resent them. Their representatives consider the quality of family day care homes precarious at best.

The point is, however, that with the exception of subsidized family day care, no real efforts have been made to include significant numbers of family day care providers among the child care organizations. For reasons which in part are economically based, most child care organizations behave in a way that further isolates family day care homes.*

Subsidized Family Day Care

The Economic Opportunities Development Corporation (EODC) is the largest and most influential social service organization in San Antonio. As a community action agency, it operates educational, health, employment and other social service programs with a budget of approximately $13 million. EODC also operates the only subsidized family day care system in the city. Unlike Los Angeles and Philadelphia, where a significant proportion of licensed family day care providers are affiliated with an agency, only 18 of the approximately 600 registered providers in San Antonio form a part of EODC's system. These homes, however, may be distinguished from the great majority of registered (or unregistered) homes by their access to training and supplementary social services.

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*Most proprietary child care facilities in San Antonio are presently operating below capacity. They may assume family day care providers have a competitive advantage under the present licensing law.

Family day care providers are contracted by EODC to provide care exclusively to income-eligible or protective service clients. Because the subsidy to EODC's system homes includes Title XX funds, they must comply with the Federal Interagency Day Care Requirements. These include established staff/child ratios and safety standards for child care facilities and require EODC to offer a range of services to providers, children and parents. The FIDCR mandate EODC to provide ongoing training activities for providers and specifies that child care service must include educational activities for children; health, nutrition and social services to recipients of care; and the involvement of parents with the operation of the system (these resources are limited to affiliated homes). EODC system homes, then, must meet the Quality Child Care Regulations (QCCR), which are not only more stringent than the FIDCR, but also mandate supplemental training and services not required for registered homes.

EODC also has the responsibility of monitoring the "quality" of service provided in their system homes. In practice EODC is licensed by DHR's regional office to certify that agency (system) homes meet the standards and requirements of the QCCR. This arrangement reduces DHR's monitoring responsibilities and enhances its administrative efficiency in managing child facilities providing subsidized care.

The important point to note here, however, is that EODC homes are an exception to the rule. The great majority of family day care providers do not have available to them similar resources. System homes provide medical and dental examinations, vision screening and developmental tests for children. In addition to the other social service programs and activities available to subsidized homes, extensive referrals are made to other community agencies for subsidized providers and their clients. The system arrangement also qualifies agency homes to participate in the Child Care Food Program. The quality of child care available through EODC is further enhanced by a recently implemented stringent provider recruitment procedure. New providers are first identified by other providers in the system. Following a telephone interview by EODC staff, a visit to the home is scheduled that includes a health inspection and a conference with the potential provider. In all, potential candidates may receive three or four visits before qualifying for system membership. In addition, a physical exam is required of all applicants, and those over 53 years old are not accepted. In all, only 50 percent of applicants are accepted into EODC's system.

Our respondents agreed, however, that training is a main factor separating subsidized homes from independent family day care providers. EODC offers preservice training involving a two-hour group meeting with at least four other applicants. In addition, all participating system caregivers must attend ongoing training sessions each month.

None of the above training is available to independent family day care providers. We asked our respondents to comment on the greatest unmet needs among family day care providers. Without exception they concurred that training is among their greatest needs.

Child Care Training: Perceptions and Resources

> DHR would like to see more trained family day care providers; however, with the 'Proposition 13 mentality' prevailing, I don't see us being provided the money to launch a major training drive.
>
> -- DHR official

Most private and public child care organizations in San Antonio provide training opportunities for their constituents. Very few report having family day care participants. In addition to these, there are several private and public institutions of higher education that offer early childhood courses and specializations. Most respondents concurred, however, that there was a great need for training resources more accessible to family day care providers. For example, some noted that a resource center or central meeting place where parents and caregivers could go for information on child care training would offer family day care providers opportunity to meet others in the child care field.

The 1975 child care licensing law that introduced registration of family day care homes also mandated that all child care providers receive child care training and consultation. With that act the legislature provided funding to make these training and consulting services available throughout the state. In San Antonio these funds were used in part to institute a Child Care Resource Center. Centrally located at Hemisphere Plaza, the Center housed a child care library and toys on loan, and provided child care training to all interested providers. It was ideal for meeting the training needs of family day care providers--registered or not. The University of Texas in San Antonio (UTSA) contributed both financial resources and technical assistance to the center. Unfortunately the Resource Center has not been in operation for the last 16 months. As one DHR respondent recalled:

> The following biennium* the legislature cut our funds. They made no allocations for consultation and training. At that point UTSA's involvement phased out and DHR picked up the resource center--under Title XX funding. But that meant services were limited to people involved with Title XX--as a result the center is in a state of flux. Basically, it is closed. At this point it is very difficult to say what is going to be done about it.

The 1975 licensing act also included enabling legislation intended to provide child care counseling to parents upon request. However, as one DHR respondent lamented, "We got the permission, but not the money." Present DHR policy, in fact, prohibits licensing workers from providing any consultation or training to caretakers (unless requested). In addition to the often mentioned "economic constraints," this practice underscores the separation of licensing from social services within DHR, a problem articulated by one licensing official who proclaimed: "A person enforcing minimum standards cannot effectively do that if they are providing consultation to the people who should be regulated."

These sentiments are not shared by many family day care providers or licensing workers. The latter would like to provide what they still believe is a needed service.

Although extremely limited, there exist other child care training opportunities for family day care providers. The Young Family Resource Center located within the University of Texas Health Science Center provides child care training. Their programs have a health orientation, but include many basic training sessions on human growth and development. Training is specifically developed for parents with children three and under. Plans are presently underway to "provide specific training for providers ... but there's no training for family day care providers because they can't be found."

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*The Texas Legislature meets every two years.

A large part of the initial funding for the Young Family Resource Center was a grant from the Early Childhood Development Division (ECDD) of the Texas Department of Community Affairs. This state office is one of only sixteen in the country specifically concerned with the developmental needs of children. Through this office, resources, technical assistance and other aid have been made available to Texan counties in support of child welfare programs. Many of the programs and resources made available represent potential training sources for family day care providers. These include various public education efforts, for example, early childhood development publications, newspaper articles and audio-visual presentations on child development. One of these, Pierre The Texas Pelican, has been very popular and well received by parents throughout the state. Written in both Spanish and English, this easy-to-read and very informative monthly periodical is sent free of charge to all parents with first-born children. Educationally oriented, its materials cover knowledge and skills that parents should be aware of as their child develops from infancy to three years.

Through ECDD's efforts, state funds were obtained to establish seven CDA pilot training sites in Texas. Two community colleges in San Antonio have since adopted CDA programs and have received technical assistance from ECDD to implement their programs. Although group care providers have benefitted from these opportunities, no one was sure if family day care providers participated.

San Antonio's Independent School District's Project Child represents another source of child care training.* The project's objective is to identify Title I students with "delayed language and developmental needs" and provide them with basic language skills. This intervention is expected to improve academic success for project participants.

Project Child is funded entirely through Title I. To be eligible, children must be three years old and not have participated in any preschool programs, free from physical and mental handicaps, take a physical and cognitive exam and parents must agree to reinforce the learning activities at least one hour a day. The project has a unique outreach aspect. A teacher from the school district goes into each of the program participant's homes twice a week to provide training. Instructional visits last 45 minutes, spent mostly with the child. Parents observe and are encouraged to participate. In addition to these activities, the school district's toy-lending library provides supplemental resources for participating families.

The total number of children being served is small. Present funding allows only 90 program participants. However, benefits also accrue to siblings in the home, bringing the total number of children who benefit to 140 throughout the district.

Project Avance, is another intervention program aimed at parents with children under three. The objective here is to educate parents to effectively respond to physical, emotional and cognitive development of their children. Presently only 60 families are participating in this program.

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*Child & Home in Language Development (abbreviated as "Project Child") has been operating since 1978 on a year-by-year federal grant. The San Antonio Independent School District is the largest in the city, and is predominantly Mexican-American.

All of the above programs represent indirect sources of training for family day care home providers. Project Child and Avance directors report that many of their program participants, in fact, are family day care providers.

EODC provides the only training specifically geared to family day care providers. Prior to renewing EODC's contract, regional DHR reviewed the quality of care provided by EODC system homes and was not entirely satisfied. One official remarked, "We expect agency day care systems to do the monitoring and evaluating themselves; however, I felt that an evaluation should be carried out by the regional office... At EODC we found a number of problems. Some [family day care homes] were good or potentially good. They were hired as baby sitters. We told them they had to meet standards [QCCR]. Some of them balked. The agency [EODC] was forced to own up. Those that were left, we felt had some sensitivity and were receptive to training... there were four or five that we had to cut out."

An EODC respondent confirmed that there were some providers who thought "they didn't have to come to training sessions to learn to take care of children." Others felt that the agency's requirements were too cumbersome. Training sessions were to be attended, child and food vouchers had to be filled out, immunization records kept--"all those papers and all that writing." Yet, those who complied and benefited from these resources were considered by all respondents to be as qualified if not more qualified than most child care providers in San Antonio.

Generally, the training of family day care providers--although widely acknowledged--is unmet by any existing training activities in San Antonio.

2.4 Views on the Role of the Federal Government in Regulating Family Day Care

> Family day care is not an appropriate regulatory role for the Feds... it is too much of a community situation and they don't have the flexibility to deal with it... The anti-regulation sentiment is already overwhelming out there..
>
> -- Child care advocate

This theme was consistent. State child welfare administrators, Title XX child care providers, proprietary providers, child care advocates: Afro-American, Mexican-American, and Anglo respondents all expressed similar sentiments. The federal government, they say, should allow the states to establish regulatory standards for all of its child care facilities regardless of the funding source. While few respondents thought the federal government should not play a regulatory role, they preferred that role to be supportive of the State: "Their appropriate role would be to provide assistance to States in establishing standards. They should establish their plans and priorities, as they do with Title XX and leave the rest to the States."

According to the model most favored by respondents, the federal government would set only broad philosophical objectives. Others feel that the federal role should be in setting standards that each State must meet, that is, establishing the broad objectives that all child care facilities should meet. Federal support would focus on providing States with the financial resources and technical assistance to develop their own standards.

Such a regulatory model proposes that the federal government establish broad philosophical objectives ("the minimum level below which no care should fall"), leaving the States to "establish the nuts and bolts." The effective federal role, then, would be to provide technical assistance and financial resources to help States develop plans consistent with national standards.

This model is consistent with what we perceived to be characteristic features of the Texas gestalt. Historically this state is known for its rugged individualism and sense of independence, each of these characteristics nurtured by a vast territorial mass and a population of diverse cultures and ethnic groups. It is a model that says "we can do it best because we know what's better for our people." DHR respondents boast, "We know more about child care, and have more child care expertise than all of ACYF." How then, they ask, can they dictate what family day care standards are more appropriate?

While these claims may seem arrogant, it is true that Texas is the first state to require regulation for family day care homes on a statewide basis. We were impressed with the level of child care expertise among DHR licensing and social service divisions and more so with their commitment to children. They sponsored in November of 1977 the only nationwide conference (held in San Antonio) on registration, during which they "exchanged ideas and information, identified areas needing further research and developed a common understanding of the registration concept." The conference was attended by child welfare practitioners representing 45 states. In large measure, this event established Texas as a leader in this field. There is some basis, then, for arrogance.

The appropriate role for the federal government most often suggested focused on the provision of support systems. A synopsis of these views is captured by the two opinions expressed below.

> The federal government should provide knowledge and a base for understanding and dealing with family day care. We will never be able to regulate family day care like we do centers. One way to do this might be to expand Title XX training services to include training to all providers.
>
> They should develop a communication system between the states--helping them to share information and knowledge about child care... They could support family day care by conducting studies [like the National Day Care Home Study], disseminating results nationwide, and supporting and stimulating interstate communications on these issues. We [states] can help each other a lot.

Both of the above quotes are particularly representative of DHR's view on appropriate federal roles in the regulation of family day care. However, local child care advocates across ethnic lines also voiced similar opinions. This was surprising, viewed against the traditional reasoning that the poor and ethnic minorities are likely to be neglected (especially in southern states) in the absence of federal stipulations on the use of funds as in Title XX. However, we were often reminded that family day care is a "highly personal" service in a person's home. Applicable standards, then, should not only be aimed at protecting children, but should also take into consideration individual rights and the "sanctity" of homes.

In sum, it appears that Texas, like the rest of the country, would prefer less federal intervention and more state autonomy. Within the context of family day care regulations, Texas has established a detailed set of family day care standards on the basis of experience and expertise that could become a model for the nation. Their suggestions on the appropriate supportive and regulatory roles of the federal government are worth considering on this basis.

Technical assistance to the states in establishing standards consistent with a 'national floor under which no care should fall," development of an interstate network of communication, and the dissemination of knowledge on regulatory processes effective in day care homes could help other states meet the challenge of this sensitive issue.

NOTES

Chapter 1: The Setting for Family Day Care in San Antonio

1. Information for this site case study was gathered by several means. State Department of Human Resources (DHR) documents, publications and public relations materials describing family day care and its attendant regulatory statutes provided essential baseline data. State and local administrative structures and child care procedures were examined. Because much of the interest in family day care is focused on its viability as a publicly supported service, Texas' Title XX child welfare expenditures were also examined.

   Several other data sources have contributed to these site case studies. Abt Associates Inc. conducted an extensive survey of family day care providers, the Center for Systems and Program Development, (CSPD) surveyed the families of children in care, and SRI International developed and implemented an observation system for family day care homes in the study. The research staff for these teams were all residents of San Antonio, and most lived in the neighborhoods from which homes were selected. Because they were hired to reflect the ethnic composition of the city and of the homes to be included in the study, site staff contributed their own insights on neighborhood characteristics including their people, their values and their concerns as these might affect child care arrangements and practices.

   The above resources were primarily intended to provide background information. Most of the case study data was collected over an eight-month period by the author, who also served as director of all research activities in San Antonio. After hiring a local on-site coordinator, training data collectors to recruit and interview providers, and supervising the data collection phase of the study, the author spent three weeks interviewing child care advocates, state and local licensing officials and other persons identified as key child care actors. In all, over thirty respondents were interviewed. Although many confessed a general lack of knowledge about family day care per se, thus illustrating the isolation of family day care in San Antonio, most were very willing to talk with us about their particular areas of competence in child care.

2. "78 Things You Need to Know about Texas Children:. Still the Darker Side of Childhood," Texas Department of Community Affairs, October, 1978.

3. Texas Revised Civil Statutes Annotated Article 695c, Section 8(a), subsection 1(c).

4. Nowak, Joanna, "Regulation of Family Day Care in Texas," National Conference on the Registration of Family Day Homes.

5. Ibid.

6. Jerry Southard, Texas Day Care Cost Study, Texas Department of Human Resources, July, 1977.

Chapter 2:. Issues Affecting Family Day Care in San Antonio

1. Rutland, Fairy D., "Enforcement of Registration," published in the proceedings of the National Conference on the Registration of Family Day Homes.

2. Ibid.

3. Among them in the private sector are the following.

   - Children's Service Bureau--an associate agency of the Child Welfare League of America.
   - Community Welfare Council--an affiliate of the United Way Community Council.
   - The Alliance of Child Development Association--the largest and most influential organization of proprietary center-based child care facilities in Bexar County.
   - National Association of Early Childhood Education--Based in San Antonio, this advocacy organization coordinates the efforts of local and national proprietary centers to promote "sound and effective child care legislation."
   - Church Women United in Texas--based in San Antonio, this organization is a part of a National ecumenical organization involved in improving the quality of life for children.

- Texas Association for the Education of Young Children--an agency with a fairly active membership in San Antonio.

- Texas Association of Child Care Workers, Inc.--with an active chapter in San Antonio, it acts as an information exchange for child care providers (mainly center-based), holds child care training conferences and provides a resource library for its members.

- Texas Child Care '76--This agency provides consultation and technical assistance to local and state organizations, and agencies concerned with children under six. Many of its forums and conferences are hosted in San Antonio.

In the public sector, the local 4C's agency has organized the Title XX Day Care Association. Services provided include advocacy, child care training conferences, technical assistance in obtaining additional state or federal aid, accounting and other bookkeeping services. The day care home system operated by EODC also provides similar services to its membership. Avance, Amanecer, and Intercultural Development Research Associates are other early childhood intervention programs and agencies (largely supported by federal grants) that provide some organizational advocacy for their constituents.

PART III

FAMILY DAY CARE IN PHILADELPHIA: A CASE STUDY

Richard T. Mayer

Chapter 1: THE SETTING FOR FAMILY DAY CARE IN PHILADELPHIA

Philadelphia is--as a several million dollar ad campaign will soon proclaim across the land--unexpected. This unexpectedness comes in many forms. Family day care, which nationally is "the largest existing network of out-of-home care for infants and children,"[1] may in Philadelphia be no network at all.

What is different about family day care in this large Northeastern city, and where does it fit into the scheme of a community which has tended--and not just in recent times--to place a more than rhetorical value on services to its children? In order to suggest an answer to these questions and to provide a setting in which to examine the other findings of the National Day Care Home Study, we must explore several paths.

After looking briefly at Pennsylvania's population, we will examine the state's structure for providing and regulating social services, particularly day care, and the resources it expends on the latter. This is an important part of the picture, for Philadelphia is in a unique position with respect to the rest of the state in terms of politics and problems, as well as geography. Many currents in the state mean little in the city, and vice versa.

Next, we will turn to the city itself, to understand at least a few of the issues which are central to Philadelphia today. Nested deep within the social structure of the city is family day care--in many ways, a non-issue in a city where in the early 1970's child care was a topic which could send crowds to the barricades at the drop of a budget item. This overview provides an introduction for the discussion, in Part III, of a number of issues central to family day care in Philadelphia.

1.1 Background: Pennsylvania and Philadelphia

Pennsylvania's history began when King Charles II paid off a debt of 16,000 pounds by signing the Charter of Pennsylvania on March 4, 1681. When William Penn arrived the following year to found his "City of Brotherly Love," Philadelphia, the country's first designed city, was laid out between the Delaware and Schuylkill Rivers. Penn wrote of his hope that God would bless Pennsylvania "and make it the seed of a nation."

> In that seed developed the historical genes that predetermined the American ideal, an ideal that may never be altogether achieved, but is still vitally alive. Penn's city was to revolve around personal liberty and religious tolerance. It thrived on commerce and individual enterprise. When a 17-year-old boy named Ben Franklin wanted to make something of himself in 1723, he left Boston and came to Philadelphia.[2]

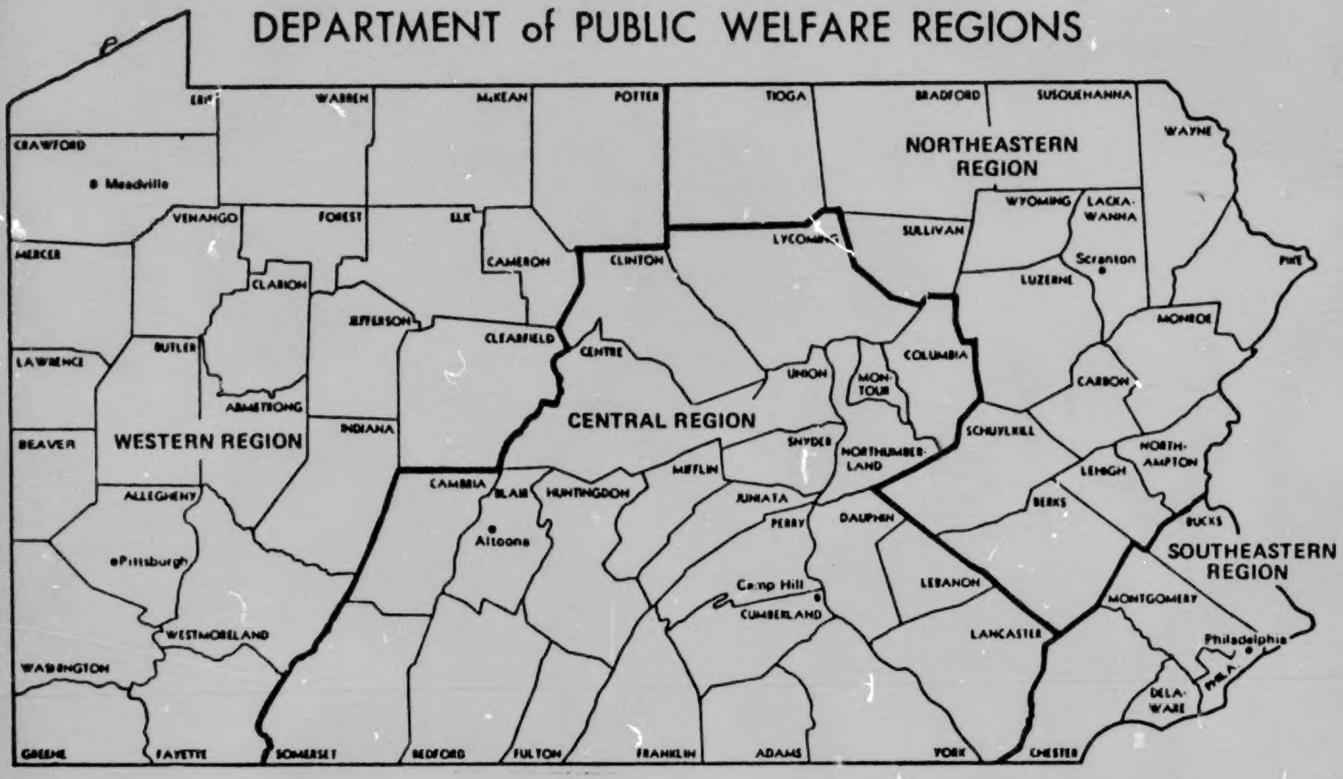
Today the Commonwealth of Pennsylvania, the third most populous state in the nation, has almost 12 million inhabitants. Its gross product reflects a strong industrial base, but also a fair amount of diversification. One-third of the state's gross product is derived from manufacturing and less than 4 percent from agriculture and mining; one-sixth is derived from wholesale and retail trade.[3] These figures underscore the fact that more than 70 percent of the state's population resides in urban or suburban settings. They may also, however, obscure the fact that in 1976, Pennsylvania had the largest rural population in the United States.[4] The majority of the state's 67 counties are mainly devoted to agriculture. Fifty-two of these counties are within the federally designated Appalachian region.

This contrast is the basis of one of several tensions between Philadelphia and the rest of Pennsylvania. Historically, many rural legislators, coming together in Harrisburg with Philadelphia's representatives, have found it difficult to comprehend or appreciate Philadelphia's urban problems. A glance at the map in Figure 1 will help clarify the problem: Philadelphia, with one-sixth of the state's population, occupies the far southeast corner of the state, adjacent to New Jersey. It is culturally closer to the Washington-New York axis on which it sits than to much of the rest of the state.

Of the state's 3 million families, 11 percent are headed by women; of these 337,794 women, one-fifth have children under six. These same proportions hold for the nation as a whole.[5] Using the 1970 census definition of poverty (income less than $3,338), 7.8 percent of the state's families are in this category; one-fifth of these families are Black. Slightly more than 16 percent of families in the state below the poverty line were headed by women with children under six.[6] Similar proportions hold for urban areas, considered separately.

Sharp divergences from Pennsylvania's median income of $14,153 are found in the state's metropolitan areas. For residents of central city areas, the median income was $12,238. For those living in suburban areas, the median income in 1975 was $15,657.[7]

Figure 1


DEPARTMENT of PUBLIC WELFARE REGIONS
ERIE
WARREN
McKEAN
POTTER
TIOGA
BRADFORD
SUSQUEHANNA
WAYNE
NORTHEASTERN REGION
CRAWFORD
Meadville
VENANGO
FOREST
ELK
CAMERON
CLINTON
LYCOMING
SULLIVAN
WYOMING
LACKAWANNA
Scranton
PIKE
MERCER
CLARION
JEFFERSON
CLEARFIELD
CENTRE
LUZERNE
MONROE
LAWRENCE
BUTLER
UNION
MONTOUR
COLUMBIA
CARBON
ARMSTRONG
CENTRAL REGION
BEAVER
WESTERN REGION
INDIANA
SNYDER
NORTHUMBERLAND
SCHUYLKILL
NORTHAMPTON
LEHIGH
CAMBRIA
BLAIR
HUNTINGDON
MIFFLIN
JUNIATA
ALLEGHENY
Altoona
PERRY
DAUPHIN
BERKS
BUCKS
SOUTHEASTERN REGION
Pittsburgh
Camp Hill
CUMBERLAND
LEBANON
MONTGOMERY
WESTMORELAND
LANCASTER
Philadelphia
PHILA.
WASHINGTON
DELAWARE
GREENE
FAYETTE
SOMERSET
BEDFORD
FULTON
FRANKLIN
ADAMS
YORK
CHESTER

About one-fifteenth (6.7%) of the state's population received some form of public assistance in fiscal year 1977; one-third (31.4%) of public assistance expenditures were for the Aid to Families of Dependent Children (AFDC) program. These expenditures provide for four-fifths of the welfare population. These statistics have remained relatively stable over the last five years.[8]

1.2 State Social Services in Pennsylvania

In 1921, the Department of Welfare was established, bringing together in a single agency such disparate entities as the Board of Charities, the Commission of Lunacy and others. In 1937, the Department of Public Assistance was created, establishing county boards of assistance. These two departments were in turn consolidated into the Department of Public Welfare (DPW) in 1958, which now employs nearly a third of all state employees. Its budget in 1976-1977 was 30.2 percent of the state's total general fund appropriation. Federal funds are used to support almost all phases of the department.[9]

Pennsylvania's administrative system is unique among the states. On the one hand, DPW has many characteristics of an umbrella agency, or human services agency. On the other hand, at the delivery level, a variety of programs are administered through different entities or combinations of government levels. For example, income maintenance is a program administered by the Commonwealth with a county board of assistance in each of the 67 counties. Child welfare is administered locally in each county by a county department of child welfare which is separate from the county board of assistance. Child care, on the other hand is both supervised and administered (but not operated) by the Commonwealth.[10]

The DPW operates through program and administrative headquarters in Harrisburg, and four regional offices. The department is headed by the Secretary of Public Welfare, appointed by the governor; each regional office is headed by a deputy secretary. The roles of the two parts of the structure are best defined by the Pennsylvania Manual.

> The role of the central office remains one of planning, policy development, standard setting, maximization of resources, and evaluation. The role of the regional offices is one of administration, supervision and monitoring.[11]

The geographic division of the four regions is illustrated in Figure 1.

The DPW office generally responsible for child care in the Commonwealth is the Bureau of Child Development. Its two primary functions are the regulation and funding of child care. Legally, the Bureau has been faced with dealing with separate licensing laws for facilities receiving public funds and for facilities not receiving public funds. After an extensive community input process of several years, the Bureau was able to establish a single set of regulations covering both these categories. These new regulations, issued April 4, 1978, cover center day care and family day care, as well as day care services for children with disabilities. Regulations for group day care homes--those with 7 to 12 children--were also issued; however, the regulatory mechanism for these homes is not yet fully in place.

Licensing is done through DPW's regional offices. For homes connected through funding to a sponsoring agency, the latter is licensed and delegated authority to "approve" homes, following the licensing regulations. (All subsidized family day care is provided through agency-affiliated homes.) For independent homes (those not attached to any agency) licensure is carried out by regional staff. Independent homes are, in theory, visited initially on application and thereafter annually. Officials at both the state and regional levels expressed frustration at not always being able to conduct the latter visits in timely fashion. All visits to homes are announced; unannounced visits occur only in case of suspected child abuse or neglect or when a complaint of any nature is filed. The newsletter from the Bureau of Child Development and the annual, announced re-licensing visit are the only regular communications between the licensed provider and the agency, which seeks "to assure the safe and healthful care of the child."

Over the last several years, the Bureau of Child Development has attempted to focus some of its energy specifically on family day care. One advocate observed that the new regulations, for instance, despite a level of detail which many have criticized in relation to independent homes, are at least "clear, and it is possible to apply them equitably." The Bureau regularly publishes and distributes a newsletter for independent providers. The newsletter, produced in conjunction with the Pennsylvania Department of Education, Division of Early Childhood Education, is a potpourri of ideas, suggestions, available materials and news items of interest. In addition, the Bureau has established a task force on family day care.

The second primary function of the Bureau of Child Development is funding. It is responsible for allocating Title XX day care funds to the four DPW regions, which in turn have responsibility for selecting and maintaining contracts with provider agencies. The state's population and Title XX expenditures for 1978-1979 are divided among the four regions as shown in Table 3.[12]

Table 3

Regional Distribution of Population and Title XX Expenditures

Region	Title XX Funds	Title XX Day Care Funds	State Population
Southeastern (includes Philadelphia)	44%	57%	32%
Western	28%	18%	33%
Central	15%	11%	19%
Northeastern	13%	14%	16%
	100%	100%	100%

The federal law and regulations governing Title XX of the Social Security Act allow the states the freedom to decide the income ranges of the population that will be served. In Pennsylvania, families with an income less than or equal to 65 percent of the state's median income are eligible for free day care; those earning 65 to 115 percent of the median are eligible for day care subsidy based on the state's sliding fee scale.

Dealing with Title XX funding and the many related issues seems, of necessity, to occupy much of the Bureau's resources. This is even more in evidence in the Southeastern Regional Office, where 12 workers deal almost exclusively with monitoring Title XX contracts, and only 2 are responsible for proprietary centers and family day care homes. The region, which uses 57 percent of the state's Title XX day care funds, divided 1979 funds as follows among its five counties: 86 percent to Philadelphia and 14 percent to the other four counties.*

Pennsylvania has the highest cost per child of subsidized care in the country; the Southeastern Region has the highest in the state (the second highest regional cost is $500/child/year less). These facts help define two currents in day care politics in the state. Day care is seen by many as too expensive; cost of care is a primary thrust of current policy considerations. And the Southeastern Region "is an ever-consuming hole into which we just keep pouring more money," says a high state official. This attitude reflects the keen tension between the region (particularly Philadelphia) and the state.

Two other state-level organizations are concerned with child care issues. One is the Commonwealth Child Development Committee, a panel established by executive order in March 1972 with its members appointed by the governor. As the state advocate for children, much of its energy has been directed to Appalachian Regional Commission

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*Annual Title XX Expenditures--Southeastern Region

County	Day Care Funds	Percent of Region	Cost per Child
Bucks	$ 961,728	2.1	$ 2,941
Chester	1,171,339	2.6	2,802
Delaware	2,260,338	5.0	3,548
Montgomery	2,124,419	4.7	2,951
Philadelphia	38,427,783	85.6	3,681
State	$44,945,607	100.0	$ 3,584

(Source: Title XX Comprehensive Annual Services Plan, 1978/79).

child care programs, for which it is the prime training agency. The Committee's other interests and areas of inquiry are numerous; however, family day care has not yet surfaced as an object of concern. This is not meant to suggest that the committee is uninterested; rather, "there are too many fires burning in too many other places right now--besides, we don't really know how to go about dealing with family day care," as one committee member observed.

The Pennsylvania Association of Child Care Administrators (PACCA) is the other state-level group with child care as its main focus. PACCA, as its name suggests, is essentially an interest group for center day care (primarily Title XX-funded care). As an advocacy group, it works for many issues which would be of similar concern for a state-wide family day care organization, if one existed: making more services available to all families, establishing professional parity, promoting training for child care providers. Again, this is not to suggest that PACCA is unresponsive to family day care needs. Rather, the Association comprises agencies rather than individuals, suggesting difficulty in knowing how to respond to family day care providers' concerns. On the other hand, membership is open to family day care providers, and PACCA members serve on the Bureau of Child Development's Family Day Care Task Force. In addition, one president of the organization was well-known for family day care activities.

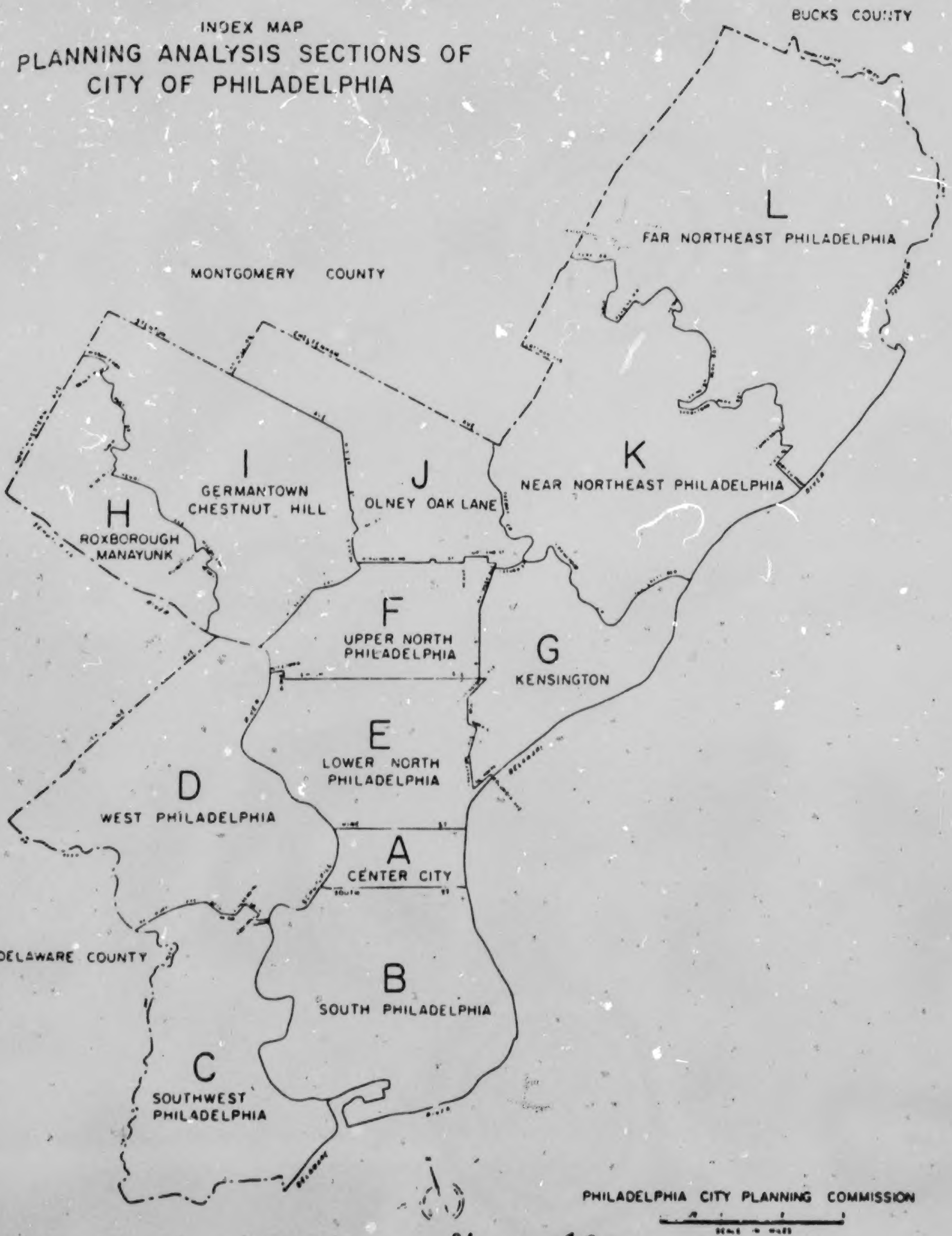
1.3 The City

Until 1854, the City of Philadelphia was only one of several dozen townships, villages and boroughs in Philadelphia County. By an act of the state legislature, the city and county were consolidated into one, increasing the city's area from 2 to about 100 square miles. Philadelphia's diversity was enriched by the inclusion of rural townships such as Germantown and Byberry, as well as developed districts such as Northern Liberties and Southwark. One hundred and twenty-five years later, these areas still exist in name and boundary, and continue to sustain Philadelphia's diversity. Their existence points to a distinctive feature of the city--its neighborhoods. There are over 100 neighborhoods in Philadelphia whose names are recognized by most residents; people identify themselves by reference to these traditional distinctions. Names of areas such as Spring Garden, Poplar or Northern Liberties are expressive to a Philadelphian, whereas the areas designated by the City Planning Commission (see Figure 2) probably mean little. The ethnic, racial and economic distinctiveness of traditional neighborhoods is lost in such conglomerate designations as Lower North Philadelphia. As we look at the city, we will of necessity use the larger planning areas outlined on the map. We must remember to do so with caution, for they obscure the essence of the city.[13]

Philadelphia, with 1.9 million residents, is four times larger than Pittsburgh, its nearest rival in the state. As a governmental entity it has special powers and is governed by different rules than are other cities in the state. The city has its own set of courts, as well as special provisions for going into debt, an issue which has recently come to the fore, as in other large cities.

The most important year in the history of Philadelphia's governance was 1952, the year the Home Rule Charter was accepted by the people of Philadelphia and the state legislature. This charter was a formal recognition of an operative fact:. Philadelphia was so different from the rest

Figure 2



INDEX MAP
PLANNING ANALYSIS SECTIONS OF CITY OF PHILADELPHIA

BUCKS COUNTY
MONTGOMERY COUNTY
DELAWARE COUNTY
L FAR NORTHEAST PHILADELPHIA
K NEAR NORTHEAST PHILADELPHIA
J OLNEY OAK LANE
I GERMANTOWN CHESTNUT HILL
H ROXBOROUGH MANAYUNK
F UPPER NORTH PHILADELPHIA
G KENSINGTON
E LOWER NORTH PHILADELPHIA
D WEST PHILADELPHIA
A CENTER CITY
B SOUTH PHILADELPHIA
C SOUTHWEST PHILADELPHIA
PHILADELPHIA CITY PLANNING COMMISSION

of Pennsylvania that it had, to the degree possible, to be governed differently. The charter established a "strong mayor" government; it was hailed as one of the most progressive charters for a major city in the nation. Again Philadelphia was first in the nation, as so many times in its history--from the first private mental institution (1709), the first U.S. circus (1793), and the first revolving door (1888), to the first electronic computer (1945). A state constitutional amendment passed at the same time as the charter allowed consolidation of overlapping city and county services, 98 years after their geographic consolidation.

In 1965 came the "Educational Supplement to the Home Rule Charter," establishing an independent school board appointed by the mayor from a list provided by a citizens' council; the City Council was given authority to tax for the school district. Thus, unlike most major cities, Philadelphia's school system and city government are legally bound close together, an arrangement which has caused some difficulties.

Philadelphia has also been politically different from the rest of Pennsylvania in the last twenty years. In 1976, the state's registration was fairly balanced between Democratic (57%) and Republican (43%), but the city was overwhelmingly Democratic (76%). This discrepancy affects the relationship between Philadelphia and the capital, and underscores the importance of politics to the availability, continuity and delivery of services, particularly social services in the city.

Two-fifths of 1 percent of the state's land area houses 17 percent of its population. At the turn of the century, the city held slightly more than two-thirds of the population of the Southeastern Region; by 1960, more people lived outside Philadelphia than in it, and a 60/40 ratio seems to be holding constant.[14] This imbalance creates some tensions for DPW regional staff--"Philadelphia may have only a little more than a third of the population, but it has a lot more than two-thirds of the problems," observed a regional official.

At least a part of this shift in population is usually attributed to the "White flight" of the 1960's, when White middle-class residents allegedly fled the city in fear of increasing Black in-migration. While there is not space enough here to examine this theory in depth, a few observations are in order that are particularly relevant to child care in Philadelphia. First, whether or not it is completely valid, so many people, Black and White, subscribe to the theory that it has been an important operating force in the city's political and social climate.

A second point to note is that between 1960 and 1970, 87 percent of Philadelphia's population had lived in the city for at least five years; one in four residents had moved within the city. This movement within the city, coupled with a population decline of about 3 percent in the decade, primarily among Whites, suggests that "White flight," like most slogans, speaks to only part of the case, and that as much of the "flight" was movement within the city as away from it. This trend of movement within the city continued into the early 1970's but now appears to have stabilized.[15] One effect of the population shift on day care is that day care centers established in the early 1970's may no longer be located where the population in need is located.

From the late 1960's to 1975, the amount of subsidized day care in the city increased four-fold.

During the same period, the city lost 128,000 jobs, a decline of 14 percent, at a time when the nation's jobs increased 9 percent. Philadelphia itself saw an unemployment rate of 9.7 percent in 1975.[16] By 1975, the city's per capita income stood at $5,874, $150 behind the state's and $440 behind the region's. The combination of all these factors seems to contribute to a strong mixture of racial and economic tension. It is a mixture which appears to affect the day care community as it has affected other areas of the city. As one observer has put it:

> The era of the classic, changing neighborhood--where whole row-house blocks would sport SALE signs overnight at the first appearance of a black face--may be a thing of the past. The reasoning behind this is simple--there aren't that many neighborhoods left in Philadelphia to change. The racial balance in the census tracts is relatively static and has been for the last several years.
>
> Entire white ethnic, Catholic parishes aren't disappearing anymore. Neighborhoods are changing, but more because of economics than race. Blacks with money in their pockets are accepted. Poor blacks, welfare blacks,...are still being repulsed--but repulsed by a cautious middle class that is racially mixed.[17]

About 38 percent of the city's population is Black, a group generally younger than its White counterparts, which accounts for the fact that 48 percent of children under 14 are non-White. The majority of poverty-level families are Black, as are a majority of public assistance recipients. It is useful to turn these figures around, however, to get a fuller picture: 80 percent of Black families do not receive any public assistance, and 80 percent of Black families live above poverty levels.

One-quarter of the city's Black families are headed by women; as are 14 percent of all the city's families. In 45 percent of Black families with children under six, the mother works; for Philadelphia's population as a whole, the comparable figure is 22 percent. The latter is a sharp deviation from the national figure, which for the same year (1970) was 38 percent.[18,19] Among White families in Philadelphia, only 6 percent of women with children under six are working.

One last note about the demographics of the city: the White population itself is homogeneous only in color. Ethnic cultural differences among Italian, Russian, Polish and Irish national groups appear at times to be as sharp as any drawn along color lines. An important factor is that one-third of the White population in 1970 was first- or second-generation American, suggesting very strong national or ethnic identity ties.

1.4 Family Day Care in Philadelphia

Visible day care in Philadelphia is overwhelmingly center-based, and center-based care is overwhelmingly publicly subsidized. In 1976, of 9909 licensed day care slots in the city, 8086 (82%), were publicly subsidized.[20] Nationally, only 45 percent of center slots are subsidized.[21] And in the same year, while 8806 children were provided subsidized care in centers, only 525 were receiving subsidized care in family day care homes. This figure has increased to about 700 in 1978, and was a significant portion of the city's total family day care population.

In mid-1978, there were 275-300 licensed independent family day care providers in Philadelphia. If 300 providers were caring for their maximum allowed capacity of 6 children, there would be 1800 children in family day care--still only one-fifth the number of children in subsidized center care. However, an estimate of 300 licensed homes appears to be optimistic. In the field phase of the National Day Care Home Study, staff attempted to contact over 200 homes on the licensing list. About one-third were repeatedly not home, were no longer at their previous address or were otherwise unreachable, suggesting that they were no longer providing care. Of those remaining, about one-third stated they no longer cared for children. Taking into consideration that a number of people probably said they were no longer providing care to avoid participating in the study, the number of licensed homes actually caring for children appears to be about 160-180. Assuming an average enrollment of five--probably too high a figure, based on study data--this would mean that approximately 800-850 children are in independent homes, compared with the 700 in sponsored homes.

These two factors--the relationship of public and private care, and the relationship of center care to family day care--are significant insofar as they help define the child care issues in Philadelphia. For example, what little organized advocacy exists in the city coalesces almost exclusively around issues facing subsidized center care populations.* These factors are also reflected in the regional licensing offices resources: 12 staff members are needed to monitor subsidized care; 2 workers handle all of the region's family day care and private center licensing. Although city agencies have virtually no involvement with family day care, the Philadelphia School District is the largest single provider of center care in the state.

Subsidized family day care is provided by four agencies in the city. Licensed by the DPW as child placement agencies, they in turn approve homes to care for children. The minimal regulations for approval are the same as those for state licensing of family day care homes; the agency, however, may (and often does) impose stricter regulations. The largest agency is Associated Day Care, which operates about 100 homes; it also operates two centers. Federation Day Care Services, on the other hand, has less than 10 homes in addition to its three centers. The Philadelphia Parent-Child Center, which developed out of the former Model Cities Agency, has about 50 homes. The Northeast Interfaith Consortium exists primarily on paper as a vehicle for providing subsidized family day care slots in three old-line private social service agencies: the Association for Jewish Children (30 slots for infants and toddlers and 50 for school-aged children), Catholic Social Services (24 slots, birth to 6 years) and Episcopal Community Services (16 slots, birth to 6 years).

---

*Discussion includes, of course, broader issues such as child development and training.

As part of the National Day Care Home Study, interviews were conducted with 181 caregivers in Philadelphia. These interviews, approximately one hour in length, covered a wide variety of topics, including characteristics of the caregiver, ages and number of children in care, types of activities and the caregiver's relation to the community. The interviews were evenly distributed across sponsored, licensed and unlicensed providers. Within each of these groups, an attempt was made to distribute interviews evenly between Black and White providers. A description of this field effort and the strategies used to locate caregivers appears elsewhere.[22] Preliminary analysis of the data collected through these interviews provides a brief but interesting picture of family day care in Philadelphia. All of what follows is based on our interviews with 181 caregivers, caring for a total of 787 children from 4 weeks to 11 years of age.

Caregivers in the study range in age from 21 to 74 years old. Unlicensed providers, as a group, are considerably younger (with a median age of 34 years) than licensed (40.3 years) and sponsored (41.5 years) caregivers. Generally, about two-thirds of caregivers in each group are married, and most have about 12 years of formal education. Government assistance to providers in the form of food stamps, AFDC or other types of welfare does show differences across groups: 13.3 percent of licensed providers, 6.5 percent of unlicensed providers, and 3.3 percent of sponsored providers received assistance.

Two other things are striking about the caregivers as a whole. Very few are caring for children who are related to them; however, more than 95 percent of the children are of the same race as their caregivers. The first fact is of interest because it seems to be considerably different from patterns at other study sites, the second because it bears out an assumption made both in the literature and in earlier phases of our study.

Family day care is usually considered to be first of all a service nested within the community. This contention is supported by the high correlation of caregiver and child race and by the fact that, according to caregivers, over half of all the children in licensed and unlicensed homes were obtained through friends, neighbors or word-of-mouth.

The average age of children in care is about 2 years 9 months. There are, however, interesting differences across types of homes, particularly in numbers of school-aged children and very young children in care (see Table 4). Children in unlicensed care ranged from 4 weeks to 11 years of age; children in sponsored and licensed care ranged from 3 months to 9 and 10.5 years, respectively.

Table 4

Age Distribution of Children in Care

	Sponsored	Licensed	Unlicensed
<1 year	5.3%	11.6%	9.2%
<2 years	26.9%	32.5%	29.9%
2.0 - 2.5 years	17.3%	14.9%	6.6%
2.5 - 3.0 years	13.0%	12.1%	9.2%
3.0 - 5.0 years	30.2%	16.4%	17.4%
5.0 - 6.0 years	4.9%	3.9%	4.8%
≥6.0 years	3.8%	14.9%	28.4%

Information about the income of caregivers' households was somewhat difficult to obtain; however, the data suggest that sponsored caregivers have an average household income of about $5,750. Licensed and unlicensed caregivers' incomes are about $6,875 and $7,000, respectively.

As might be expected, sponsored caregivers have more training in child care (82%) than do licensed (37%) or unlicensed (27%) providers. Most sponsored and licensed providers (85% and 87%) consider family day care a permanent rather than a temporary job, and those who look upon it as a permanent job on the whole like their jobs (70% of sponsored and 77% of licensed caregivers). This contrasts notably with unlicensed providers, only 60 percent of whom consider family day care a permanent job; of these caregivers, 60 percent like their jobs in family day care.

It is important to point out that all of the demographic characteristics of caregivers appear to vary across the two racial groups, regardless of regulatory status. The differences between Black and White caregivers in terms of education, income, marital status and amount of governmental assistance received appear to be consistent with such differences in Philadelphia generally: on the whole, Blacks in the city have fewer years of formal education, lower median incomes, a larger percentage of single-parent families and receive proportionately more governmental assistance. These relative differences appear generally to hold for the caregivers surveyed.

A number of issues were explored during interviews with caregivers and other respondents. Unanimous concern was voiced on several issues. One dealt with federal regulation, explored below. Another was the recognition that somehow the system has gone wrong:

> We became aware of the ever-increasing need for day care services. We observed the need for day care steadily increasing while the available services remained minimal. We began to understand the plight of middle-class working parents who were seeking services: they were "ineligible" or "too affluent" for sliding-scale or fully funded programs, but they were not really affluent enough for private services--that is, if any private services were available. We became aware of the increasing numbers of parents who were never able to send their children to certain centers because of these "eligibilities" and "priorities".
>
> The greatest need is for the low-middle income families. . . . If they're just over the poverty line and they need [day care] in order to be employed, they can't afford it, even if they can find it.
>
> There is a heavy emphasis here [in Philadelphia] on preschool care; there is also a heavy emphasis on subsidized care--where do all the families go that are either ineligible or need infant or school-age care?

These suspicions--that the day care being provided can not, because of eligibility guidelines, reach people who need it--are further fueled by apprehensions that existing day care is geographically "misplaced":

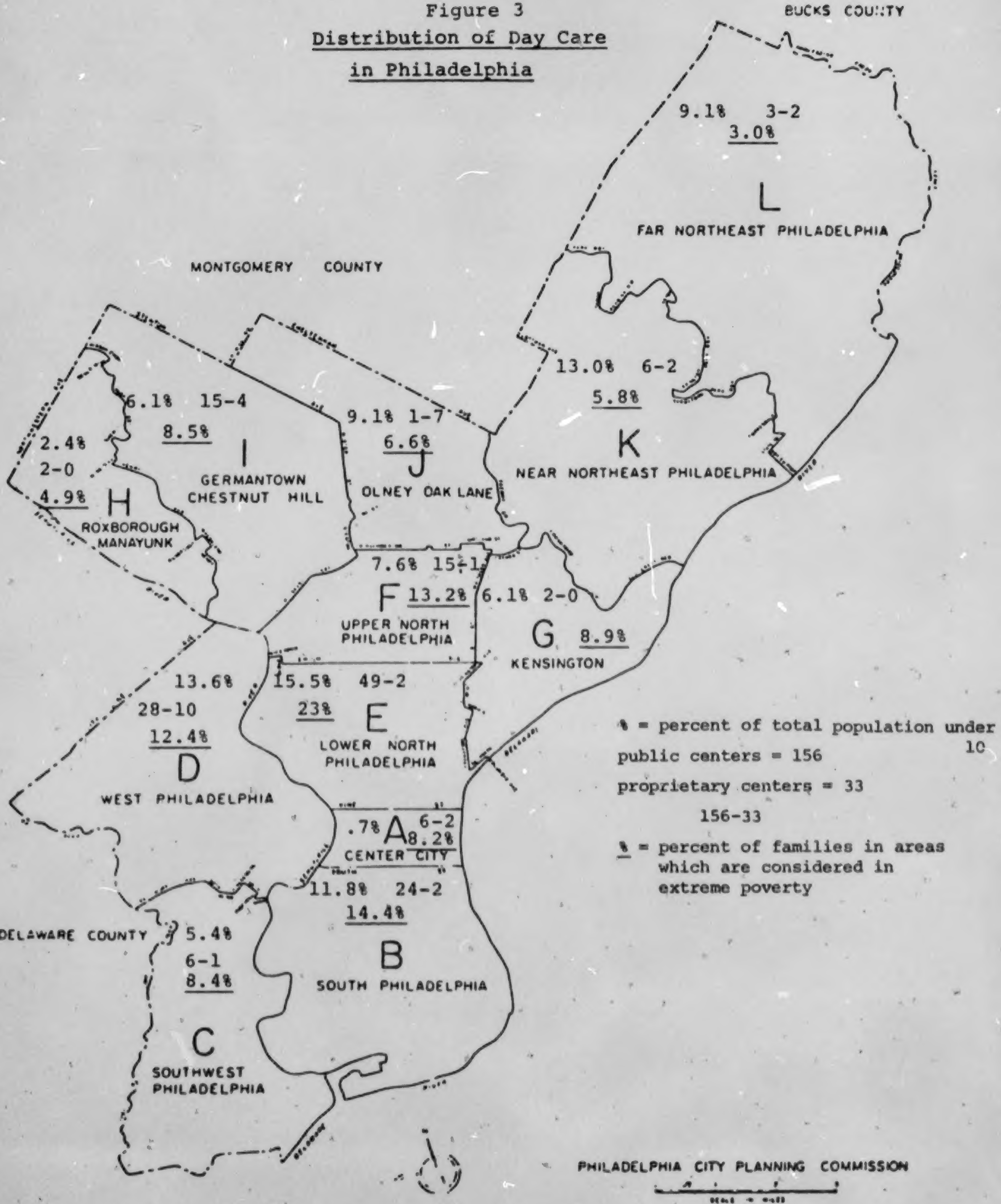
> I have a strong suspicion that we have centers that aren't serving their neighborhoods--because their neighborhoods have, in fact, moved.
>
> When we quickly expanded day care in the early 'seventies, we put it where there was match money [i.e., private dollars which could be used to "match" federal dollars]. Centers were put in supposedly low-income areas. But when we changed definitions of need for day care--that is, when we emphasized that it was for working parents--those people who need it don't live in the areas of highest poverty.
>
> Politically, it's too difficult in this city to try to move centers, even if they're not needed anymore.
>
> It's not really a question of shifting population--match money has dictated our day care sites.

A look at the map in Figure 3 suggests that there may be some truth to these arguments: the number of day care centers in an area seems to be as strongly related to the size of the extreme poverty population as to, for example, the number of children under ten. This argument is further borne out by looking at the median incomes of the areas: of the 12 areas of the city, six have median incomes below that of the city as a whole; of those six, three (D,B,E) are the areas with the largest numbers of centers and the lowest median incomes, ranging from $1,200 to $3,200 below the city's median of $9,300. (An exception seems to be Upper North Philadelphia, Area F, which has a median income of $7,800, but only 16 centers--as many public centers as does Germantown/Chestnut Hill, an area with a median income of $10,400.)

The concentration of day care centers might affect the number of family day care homes in an area--one might expect that the more centers are utilized, the fewer family day care homes would be needed. Yet two of the three areas of greatest poverty and highest concentration of centers--West and South Philadelphia--are among the areas with the

Figure 3

Distribution of Day Care in Philadelphia


BUCKS COUNTY
MONTGOMERY COUNTY
DELAWARE COUNTY
9.1% 3-2
3.0%
L
FAR NORTHEAST PHILADELPHIA
13.0% 6-2
5.8%
K
NEAR NORTHEAST PHILADELPHIA
9.1% 1-7
6.6%
J
OLNEY OAK LANE
6.1% 15-4
8.5%
I
GERMANTOWN CHESTNUT HILL
2.4%
2-0
4.9%
H
ROXBOROUGH MANAYUNK
7.6% 15-1
F 13.2%
UPPER NORTH PHILADELPHIA
6.1% 2-0
G 8.9%
KENSINGTON
13.6%
28-10
12.4%
D
WEST PHILADELPHIA
15.5% 49-2
23%
E
LOWER NORTH PHILADELPHIA
.7% A 6-2
8.2%
CENTER CITY
11.8% 24-2
14.4%
B
SOUTH PHILADELPHIA
5.4%
6-1
8.4%
C
SOUTHWEST PHILADELPHIA
% = percent of total population under 10
public centers = 156
proprietary centers = 33
156-33
% = percent of families in areas which are considered in extreme poverty
PHILADELPHIA CITY PLANNING COMMISSION

highest numbers of family day care homes. In fact, there appears to be no relationship between the number of licensed homes and the number of centers in any of these areas. One explanation is that licensed homes--275 listed and about 180 actually operating--account for but a small proportion of children needing care.

Where, then, are children being cared for? This question was raised by a number of respondents. Although there is no clear answer, some clues are suggested. In terms of care for school-aged children, for example, it is interesting to note that although only 48 percent of the city's population under 10 is Black, fully 60 percent of the public school population is Black. One-third of Philadelphia's school population is in private and parochial schools. These schools tend not only to have an almost exclusively White population, but also to have longer school days and more activities both before and after the regular school day than do the public schools. These facts could account for a substantial portion of the White school-aged population that would otherwise need day care. It should also be noted that there are a significant number of school-aged children in licensed homes. In addition, given the limited understanding of the nature of family day care, it is likely that children are being cared for by neighbors, for example, who do not consider themselves to be providing day care services.

Another factor suggests that the day care population in Philadelphia is relatively smaller than that of other cities its size. The number of women--particularly White women--in the work force is low. In Philadelphia, only 22 percent of women with children under six are working; as mentioned earlier, this is a sharp departure from the national average of 38 percent. Forty-six percent of the Black women in the city with children under six are working, whereas less than 5 percent of the White women with children under six are.

This pattern also suggests a partial explanation for a curious fact uncovered during National Day Care Home Study site operations:. relatively few of the active licensed homes in Philadelphia (about one-fifth) were operated by White providers. If relatively few of the women who are likely to need day care are White, and if the race of children tends to match that of the caregiver (which seems to be true in Philadelphia as elsewhere), then there may be little "demand" for White providers.

Chapter 2: ISSUES AFFECTING FAMILY DAY CARE IN PHILADELPHIA

Philadelphia, the home of American Bandstand, steak sandwiches and prize fighters, is a complex organism, difficult to capture on paper. It is an amalgam of competing neighborhoods, rival ethnic groups and strong racial and economic tensions. In the previous chapter, we have suggested how some of these forces may affect family day care; in this chapter we examine some of the terrain with a narrower focus. We shall begin by examining the relationship of family day care to center care. This includes a review of the effect that the provision of federal and state dollars has had on the day care market. The next step is to look at the regulatory system that exists for family day care, which has become something of a two-tiered system, divided by funding lines between subsidized and nonsubsidized care. We shall then turn to a consideration of a theme which underlies most current discussions of family day care--the isolation of the caregiver. Finally, we present an overview of our respondents' perceptions of the role of the federal government in family day care, intended as a prelude to Part IV.

The discussion in this chapter is weighted toward conveying the opinions and attitudes expressed by site case study respondents. Thirty-three individuals were surveyed as part of the site case study, ranging from officials in various state agencies related to child care to local providers of both center care and sponsored family day care. In addition, a number of individuals in Philadelphia's child care community were interviewed, including advocates, training specialists and community group representatives. We have attempted, where possible, to put these observations in the context of what has been learned from caregivers themselves.

2.1 Family Day Care in Relation to Center Care

In order to examine family day care in Philadelphia in its proper context, we must first look at how it is viewed in relation to center care. The reasoning behind this approach may not be obvious; after all, care for children in neighbors' homes has existed much longer than center care. Yet, "day care" in Philadelphia usually means group care, especially for preschool-age children, because large amounts of federal and state resources have gone into center care, because the movement for early childhood education--joining the nursery school and kindergarten movements--has concentrated its energy on center care, and because centers, as visible institutions, are more easily aided and regulated.

This orientation toward a particular form of care for children has had profound effects in Philadelphia. For example, many respondents, while well-versed in the intricacies of center day care regulation, funding, politics and programs, had difficulty in articulating such issues with respect to family day care. The care of a child in the home of an unrelated caretaker is not commonly known as "family day care" in Philadelphia, except in a very specific instance:. when a child from a low-income family is cared for in what is usually called an "agency home," that is, a home which is part of one of several systems in the city. Reference was seldom made, except by licensing personnel, to "independent" (i.e., licensed) homes as a legitimate form of care; no respondent even referred to unlicensed homes as providing care for children. The implication was always that this "babysitting" by friends, neighbors or relatives was only a stop-gap action of parents because of the unaccessibility of center care.

On the other hand, most respondents, particularly when discussing day care needs in the city, felt that perhaps there was a place for sponsored family day care. "Family day care homes--that is, when they are government-approved--can, I suppose, be a good place for children," was one commonly expressed view.

Between 1970 and 1974, government-subsidized care expanded in Pennsylvania as a whole and in Philadelphia in particular. Federal Title XX funds more than doubled between fiscal years 1972 and 1976. By 1970, the state legislature was contributing $18.3 million above the required 25 percent match for Title XX-funded day care programs. Almost all of this rapid expansion was in center care. "Most of this expansion [in Philadelphia] was unplanned." "Centers, because they were programmatically relatively easy to 'sell,' were set up wherever match money could be found." "I suspect that we [now] have many of our day care resources misplaced."

This heavy expansion, making publicly subsidized center care the predominant mode of day care, has had two main effects on family day care. The first is that it has created an environment in which there is little real diversity in the care available. The Philadelphia School District, for example, with three different child development programs, tends to focus its programs against a background of early childhood education--oriented around a teacher dealing with children in a classroom-like setting. This is a quite understandable approach and in fact is generally the case across the country wherever school districts are involved in provision of day care. The effect is significant, however, when a school district program such as Get Set in Philadelphia provides care for one-third of all children in center care in the city and, to do so, requires one-quarter of the state's child care budget. The net result is simply that child care concerns in general become de facto concerns about public center care, as public attention, debate and resources revolve around it. Family day care as a legitimate form of organizing care for children tends to be dropped from discussion. Thus it is understandable that respondents had these observations:

> "The general feeling is 'If you can't get into a center, I guess you'll have to use family day care.'"

> "We haven't done a good job of educating the public about family day care homes. They see centers as doing things homes don't."

> "No one looks at [family day care] as child development. It's considered 'cheap babysitting' that can be regulated."

> "The general perception is that it isn't quality care, like in centers."

> "A teacher in a center is considered more valuable than a family day care provider."

The second main effect that the strong emphasis on public center care has had on family day care is in the licensing office itself. Use of federal money requires accountability. This is no less true in day care programs than elsewhere. The licensing office, which is also the contracting office, must set priorities for use of its staff--and first priority is licensing those centers receiving federal dollars and monitoring the attendant contracts; last priority is family day care licensing. In a time of hiring freezes and no-growth budgets for line agencies such as the Department of Public Welfare, hard choices must be made. "We are spending all of our time dealing with accountability," observed one official. "We are doing public assistance, not making sure children are safe." The result is, as previously noted, that 12 staff members deal in one way or another with Title XX care, and 2 deal with licensing the region's 65 proprietary centers and its 275-300 licensed family day care homes. The agency cannot bring to bear any resources for "upgrading family day care," because its necessary priorities allow it none.

This should in no way be construed as a criticism of the regional staff. Again and again, respondents spoke highly of them. The point is simply to emphasize that in this social service environment, as elsewhere, money talks--and it is speaking to publicly subsidized center care. Family day care--caring for other people's children in your own home--appears lost in the shuffle. As we explore the other issues here, we will see the extent to which this is true.

2.2 Regulation of Family Day Care in Philadelphia

Given the present dominance of publicly subsidized care in Philadelphia, it is important to make a clear distinction between the subsidized and nonsubsidized worlds when looking at the regulation of family day care.

Licensed Family Day Care

One question discussed with all respondents concerned general attitudes toward licensing--does licensing have the support of the public and its elected officials? No one suggested that licensing was actively supported in Philadelphia--fortunately there have been no recent incidents, as in San Antonio, to turn a public spotlight on family day care homes. Negative reactions to licensing (for example, claiming that it is an invasion of privacy) were cited by those respondents most likely to be the object of such criticisms, namely state and regional licensing officials. The primary response, however, was that most people do not know what family day care licensing is or means. In talking about support, one official summed it up well: "I think it's a very iffy subject."

For the past several years, the number of licensed homes in Philadelphia has been fairly consistent--275 to 300. The regional office card file on licensees suggests that there is a turnover of about 10 percent per month. A review of the computer list of licensees available through the Bureau of Child Development suggests a trend of the same magnitude: between May and October, 45 names were dropped from the list and 50 added, out of a total of 300.

The regional office does not actively pursue unlicensed homes, nor does it have resources to publicize licensing. Yet, as homes drop from the rolls, others replace them. This phenomenon is perplexing to licensing officials--with no regular, or even occasional, publicity about licensing, how do people find out about it?

Of the 60 licensed caregivers in the study, 20 said that they learned about licensing from a friend or relative, 15 had learned about it from the Department of Public Welfare. It is interesting that of the 61 unlicensed providers in the study, about 87 percent had heard of licensing, although less than half of this group actually considered getting a license. This suggests that knowledge of the existence of licensing is perhaps more extensive than suggested by our respondents.

A number of respondents cited the complexity of regulations as a major factor in restricting the growth of family day care. "We are often criticized that we over-regulate--we may be doing just that," observed one licensing official. "Family day care providers don't like many of the questions we ask, but they don't seem to mind our coming in." For the initial license and each year for renewal, an announced visit is made to the home. "People who provide day care in general, I think, want approval of the State. It's a selling point," observed an official.

The three reasons for getting a license most often mentioned by caregivers were to protect themselves, to operate legally, and to reassure parents about the care being provided. One-third of the caregivers said that having a license helped them get children for care. Only one-fifth of the caregivers responded negatively when asked what they did not like about licensing, usually citing the red tape involved. They stated that the limitations imposed by licensing were a problem.

One tool used by many licensing authorities is an agreement with local newspapers that providers who do not have a license are not permitted to advertise. "We have such an agreement with some of the larger newspapers," said one regional office spokesperson. At the four daily newspapers, however, there seems to be some confusion about this policy. "Sometimes we ask, if the ad is phoned in," commented a spokesperson for one newspaper's advertising department. It is not clear whether this is a policy--or has even been broached--with the 50 weekly newspapers in the city.

Interestingly, about 11 percent of the children in care in unlicensed homes were recruited through advertisements, according to the caregivers surveyed. It is not clear, however, how often this meant newspaper advertisements, as opposed to, for example, a sign in a laundromat.

As mentioned earlier, new regulations were promulgated in April 1978. "Our new regulations are much more specific than the old ones. This has led to criticism of our process," stated one official. "Everything in our regulations is supported in some way by facts or a study or something," stressed another.

The 23-page booklet describing family day care regulations declares that the objective is "to assure the safe and heathful care of the child and to strengthen family life by providing care which promotes the total development of the child."[1] A home is limited to caring for six children, including the provider's own under the age of six, with a further limit of four infants/toddlers (0-36 months). The 90-item standards section of the regulations covers caregiver responsibilities and qualifications (4 items); caregiver-child ratio (3 items); building and physical site (23 items); equipment (12 items); program for children (9 items); child health (13 items); staff health (1 item); food and nutrition (10 items); and transportation (15 items).

The licensing process itself is perhaps best described from the point of view of the potential caregiver. If you would like to be a licensed family day care provider in Philadelphia, all you need do is call the regional office (the number is listed in the Yellow pages under "Gov't, State--Public Welfare, Department of Social Services"). The secretary will fill out an information sheet (your name, address, and so forth). Within a week or two you should receive an information packet, including a letter from the day care supervisor, a summary of the regulations, a questionnaire and a form requesting a visit from a day care representative.

The first paragraph of the letter states, "In Pennsylvania, any facility which offers day care to children not related to the operator must receive authorization from the Department of Public Welfare." The letter concludes, "We look forward to hearing from you. If we do not receive the visit form within 60 days, we will assume that you are not now, or do not plan to offer day care, and will close your file."

The summary of the regulations--available in either English or Spanish--is single-spaced, covering both sides of an 11" x 14" sheet of paper. The questionnaire--"We ask people to think about themselves and what to do in given situations"--asks questions such as, "If a fire begins in the hallway of your home, what plan can you make for getting the children to safety?"

If you are interested, return the form requesting a visit; you will probably be asked to come to a group meeting with other family day care applicants. There you will talk about the regulations, discuss some of the problems that might come up and get answers to any questions you have. If at the end of this session you still want to make an application, it will be accepted. Only then does a worker go out to visit your home.

(Almost all of the interviewed caregivers said that when they were visited by the licensing staff, the things that were checked were the general suitability and safety of the home. One-fifth were asked to make some change in their home; most of those so asked considered it to be a major change.)

Medical forms are required for each family member. If your home is like most, it will be approved on the basis of one visit. You will receive in the mail a certificate of compliance entitled "Authorization to Operate a Facility," which will declare you licensed and "authorized to conduct and maintain a facility to provide a family day care home."

(An interesting contrast to this is that two-fifths of the caregivers interviewed said they were in fact visited more than once before they received their licenses, in some cases as many as four times.)

Ten months later, two months before the anniversary of your license, you will receive a new application and medical forms. Again, you will probably be re-licensed on the basis of one visit.

(After receiving their licenses, three-quarters of the providers said they received at least one more visit. In most cases [74.5%] the purpose of these subsequent visits, according to the caregivers, was to check and see that everything was in order and to discuss the licensing rules.)

If you decide, after receiving the initial letter, not to return the form requesting a visit, you will probably receive another copy of the letter. After that, if you still do not respond, the office might send someone to visit you. Unless the department can demonstrate that you are actually damaging children in some way, there is little they can do at this point.

(As mentioned earlier, 54 of the 61 unlicensed providers said they had heard of licensing. The overwhelming reason stated for not applying was that the provider did not think it applied to her. One of the least mentioned reasons was that it would affect her privacy.)

According to a number of state and regional officials, there is no way to penalize anyone for operating without a license. In order to close a home that is violating some part of the regulations, it is necessary to build a case over time. This requires surveillance of the home and a number of visits. There must be clear-cut abuse or neglect of children. The case is then turned over to the Department of Justice, which holds a hearing. If the case is upheld in the hearing, a cease-and-desist order is issued. No home in the region has been closed down in the last several years, according to officials. One state-level respondent observed, "We have closed homes in the past, but have always lost on appeal." And another: "Given our confused legislation, it is difficult, if not impossible, to close a home."

Another option available to the licensing office is withdrawal of a license through administrative procedure. This is not seen as a particularly effective mechanism of control.

In many localities surrounding Philadelphia, there are zoning restrictions which limit, or in some cases prohibit, family day care. In other areas, recent changes in the State Department of Labor and Industry's 200-page "Fire and Panic Regulations," which make them applicable to family day care homes, are being argued and protested. Neither of these is the case in Philadelphia. There is no mention of family day care (or center care) in zoning regulations. The city's Department of Licensing and Inspections (the local counterpart of the state agency), however, does inspect day care centers. It considers out of its purview any facility caring for six or fewer children. (Because of its special powers as a Class 1 city and county, Philadelphia--rather than the State--decides in many cases which codes to apply.)

None of the respondents seemed particularly pleased with the licensing system as it exists, and all agreed that something should be done. But changing it in any dramatic fashion is likely to be an awesome task, although one that the Bureau of Child Development appears ready to take on. The statutory basis for regulation of family day care rests in two separate sections of the Pennsylvania code, the distinction being whether a service is provided for profit or not. (This apparently had its origin in a controversy in which several church groups maintained their autonomy from state regulations of their day care facilities.) The law requires the department to annually inspect all for-profit facilities--a category which includes all independent homes. Nonprofit facilities must also be inspected, but this responsibility can be delegated, as is the case with sponsored homes: the department licenses the agency which in turn approves the home. Until the new regulations took effect in April 1978, there were two separate sets of regulations. State personnel have been examining other possible modes of regulation for independent homes, including a registration system such as those used in Michigan and Texas.

Sponsored Family Day Care

For sponsored caregivers, the regulations are the same as for licensed providers (with some important exceptions) imposed by sponsoring agencies themselves, but the licensing process is different. Here it is the agency itself which is licensed by the Department of Public Welfare; the homes are approved by the agency to care for children. Systems' placement policies range from placing two to six children per home. The average number of system children actually placed in one home by systems ranged from 1.8 to 4.8, with a median of 3.1 per home. Directors in Philadelphia were in general agreement that five or six children could be effectively handled by only a few providers, given providers' other responsibilities, such as food preparation, activities, and meetings.

The seven* family day care systems, as suggested by their placement policies, have a range of practices. For example, although all provide monthly training, three offer providers at least two hours of training each month, one agency offers ten hours, and the other agencies fall between these two extremes. Likewise, some agencies require and provide preservice training for new providers, and some do not. On the other hand, all but one system takes part in the Department of Agriculture's Child Care Food Program, and all but one arrange for substitute caregivers when needed.

Both initial telephone screening and personal interviews are elements in all of the agencies' procedures for taking on new providers. Sixty percent of the sponsored caregivers interviewed said they were visited more than once before they received approval. One-tenth also said they were visited by an agency other than the sponsoring agency, such as the health department.

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*There are four systems on paper; one of these, the Northeast Interfaith Consortium, is in reality four systems operating semi-independently. The other three are Associated Day Care, the Philadelphia Parent-Child Center and Federation Day Care Services, making a total of seven systems.

In general, most systems pride themselves on the services and support they provide to caregivers. Most of the agencies are in contact with their providers at least once a week. In addition, most agencies do some form of regular evaluation, with the intent of helping the caregiver see potential areas of deficiency. Unannounced visits are generally used as a time for discussion rather than as monitoring visits.

2.3 Family Day Care as an Isolated Service

"Family day care providers are isolated." This is a theme which runs through much of what little literature there is about family day care; it is also a theme in our respondents' discussions of family day care. For the family day care provider, "isolated" means both being alone--"the biggest concern about [family day care] is that this woman is there alone caring for two or three children, with no support"--and being cut off from the mainstream of activity--"there is just no way they [providers] can get into the training and resources that are going on if they're not hooked up to an agency." Both of these aspects of isolation for family day care providers are important to explore. Information about the former will come principally from interviews with caregivers, performed as another part of the National Day Care Home Study. We are able to speak to it inferentially here. The second aspect we have already touched upon in looking at family day care in relation to center care in Philadelphia and will explore it further below.

We will first examine the actual relationship in usage between family day care and center care. We will then look at the resources available in the child care community and, finally, at the extent to which Philadelphia's child care community has organized itself.

As discussed earlier, there appear to be about 160-180 licensed homes in Philadelphia actually caring for children. Preliminary analyses of caregiver interviews suggest that, on average, four children are being cared for in these homes, for a total of about 700 children. Another 750 children are cared for in sponsored homes, bringing the total number of children in regulated homes to about 1450. Another 9650 are cared for in subsidized day care centers; about 1500 are cared for in proprietary, nonsubsidized centers.

There are several striking things about these figures. First, the number of children in proprietary centers is considerably lower than one might expect on the basis of national tallies (nationally, 55 percent of children in center care are in nonsubsidized facilities). This underscores the point made earlier that there is a heavy concentration of publicly subsidized center care in Philadelphia. A second observation is the disproportion, compared to national figures, of center care to family day care. Nationally, 10 percent of the children in care are in centers and 45 percent in homes; the remainder are either cared for in their own homes or are left alone to care for themselves. Thus, one would expect a ratio of center to home care of about 1:4; the figures above indicate a ratio of 6:5 in Philadelphia. This suggests that either the estimates above for family day care homes are exceedingly low (by a factor of 3.5), or family day care is a relatively little-used form of care in Philadelphia. If the former is the case, then it is questionable whether the resources of the entire regional licensing/monitoring staff could deal adequately with regulating such a large number of homes, assuming that homes could be identified. If the latter is the case, we are provided with a partial explanation for both the lack of resources available to most family day care providers and that group's lack of organization and advocacy for its concerns. Our experiences in nine areas of Philadelphia, in which we spent four months attempting to locate unlicensed care, suggest that this is indeed the case.[2]

We turn next to a consideration of day care training opportunities in the Philadelphia area. Sixteen colleges, universities, community centers and other organizations have been recently involved in some kind of child care training in the Southeast Region, all through Title XX funding. With the exception of sponsored homes, none of this training, for which the regional office in October 1978 was proposing to pay $528,000 (1/1/79 - 6/30/79), is legally available to family day care providers, because of the federally mandated constraint that Title XX funds cannot be used to train anyone who is not providing a Title XX-funded service. In fact, in a recent re-design of child care training for the region, family day care was recommended as one of five areas of concentration. Associated Day Care Services, the largest of the city's systems, would be the prime contractor, working with consultants to provide training in parent education skills.* This would be available to all sponsored providers in the Philadelphia area, according to a departmental memorandum.[3]

Other training could be available to providers, including 8 schools in the Philadelphia area with majors in nursery school education, 26 with majors in early childhood education, 13 with majors in kindergarten education and 9 with majors in child care. Almost all of these, however, are full-time day programs leading to a degree or certificate. In addition, many are outside of the city--of the 26 offering majors in early childhood education, only 6 are actually in the city--presenting potential difficulties in accessibility.

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*The plans described here apparently have not been fully carried out; this is still a useful illustration of intent, if not action.

Temple University has been working for several years with WIN family day care providers to provide training and guidance. The Philadelphia Child Guidance Clinic also has a program for family day care providers, none of whom are subsidized. The total number of providers involved with these two institutions is not more than 50.

Several organizations dealing with child abuse and neglect provide regular public information and education events. For example, the Supportive Child/Adult Network (SCAN) offered 71 such events in the year preceding June 1977. It was not possible for any of these organizations, however, to identify any of their service recipients as family day care providers.

The Health Advocacy Training (HAT) program provides "evaluation, training and technical assistance to improve health, safety and nutrition aspects of day care programs operating in the Southeastern Region."[4] Begun in 1973 as a federally funded project, it now has a mixture of private and public funds, which would allow it to provide training to nonsubsidized providers. The program actually reaches few independent homes. Much of its training is provided during the day, a difficult time for the independent provider who usually does not have access to reliable substitutes; however, HAT "has provided a significant number of evening sessions, specifically for family day care providers."

Another factor suggests that nonsubsidized providers are isolated from the mainstream of child care in Philadelphia. No organization or network of family day care providers, formal or informal, is in existence in Philadelphia. The generally accepted group representing child care in the area, the Day Care Association of Southeastern Pennsylvania, is concerned almost exclusively with center-oriented issues and indeed primarily with Title XX-related concerns. No respondent had any knowledge of anyone using the licensing list as a way of contacting independent providers. This list is used, however, for mailings of the Caregivers' Home Journal, a regular newsletter of the State Bureau of Child Development. Nor does a reading of materials produced by the city's various organizations dealing with special concerns, such as child abuse and neglect, suggest that family day care providers are in any way considered as a specific target for information and education. This is not meant to suggest that these organizations would not be responsive to requests from this group--all indications are that groups such as SCAN, mentioned earlier, are exceedingly responsive--rather, it points to the low profile of nonsubsidized family day care in Philadelphia.

In light of this inferred isolation of family day care providers, it is useful to turn to the responses of caregivers to topics surrounding this issue. Isolation as such is too slippery a concept to approach directly; however, a look at several related concerns may help shed some light on this issue.

Although 80 percent of sponsored caregivers said they had had training in child care, as opposed to only 37 percent of licensed caregivers, about equal proportions of licensed (18.3%) and sponsored (21.7%) caregivers had contact with agencies or community groups other than the licensing or sponsoring agency. Although one would expect sponsored providers, by the very nature of the system, to have more training, these providers do not seem to have significantly more contact with outside agencies, other than their sponsors.

Another way to look at contact with the community is to see how providers recruit their day care children. Sponsored caregivers, naturally, obtain almost 90 percent of their children through their systems; this is clearly a function of the placement policies discussed above. The sources for licensed caregivers were, in rank order, friends and neighbors, advertisements, the licensing agency, and word-of-mouth. Only 6 percent of the children in care came through referral by a social service agency other than the licensing department. Also, the fact that the first and last of the four categories above accounted for 43 percent of the children suggests that licensed providers are more isolated from the child care community than from the community as a whole. For unlicensed providers, the two categories (friends and neighbors, word-of-mouth) accounted for two-thirds of the children in care.

One image of the family day care provider repeated by a number of respondents was that of a woman at home all day alone with several children, having no one to turn to for aid or assistance. Although nothing we have collected suggests that this image can or should be erased, it is perhaps possible to put at least one different perspective on it. Almost two-thirds (63%) of all of the caregivers in our sample regularly have a member of their household at home with them some time during the time they are caring for children. In three-quarters of these cases, the caregiver receives an average eight hours of assistance (helping or playing with the children, doing housework or other such things). In addition, one-fifth of the caregivers stated they had friends or relatives visit, two or three times each week, while the children were there. Again, this is not to suggest that caregivers are not cut off, particularly from resources available to other parts of the child care community; rather it is meant to temper--and make more realistic--our assessment of that situation.

An important characteristic of family day care in Philadelphia is clearly the split between subsidized and nonsubsidized care. Although it is possible, according to state officials, for a home to be both approved and licensed--that is, to care for both subsidized and non-subsidized children--there appears to be some confusion at the regional office level and among sponsoring agencies. However, whatever the policy interpretation, the fact is that most of the sponsoring agencies in the city require their homes to care only for the children which the agency places. Neither does the State contract directly with independent providers. This appears to have had two effects. First, according to respondents, the child population in subsidized family day care homes, as in most subsidized centers, is relatively homogeneous economically. The second effect has been to draw fairly clear lines between subsidized and nonsubsidized homes.

2.4 Views on the Role of the Federal Government in Regulating Family Day Care

The 1968 Federal Interagency Day Care Requirements (FIDCR) are presently being revised. Family day care, which received only passing reference in that document, has been the center of increasing federal and state attention as an alternative mode for provision of subsidized child care. The revised FIDCR are likely to contain specific provisions regarding family day care. In light of this, respondents* were questioned regarding their views of the form this federal involvement in family day care should take. All respondents spoke of two elements that should be included in any configuration of federal involvement with family day care: leadership and flexibility.

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*The more than 30 respondents in this site case study were all individuals who, in one way or another, deal in a day-to-day fashion with the federal and state regulation of day care.

"We have lost the guidance that was provided by the Children's Bureau. . . There is [no one] thinking about an overall plan for kids." "The feds should clean up their own house [so that] they are fostering continuous improvement of quality." "They don't really deal with quality [now] . . . They should be setting national standards, not regulations." "Whenever the federal government regulates, we've been hampered and the quality of our programs hasn't been improved." "Resources should be used to help states write good regulations with good process."

"The federal government must allow us local options so that we can speak to people's needs." "We need more flexibility in our program options." "An important question is--can regulations be applied to every agency, regardless of size? I think not." "Every part of our state is unique, yet we get blanket decisions based on federal regulations." "It is necessary that the federal government and the state realize that private agencies are first of all accountable to their boards of directors."

Both notions--leadership and flexibility--appeared to mean to respondents that the federal government should first establish basic quality standards, then aid and monitor the states in implementing these standards. In so doing, the federal government must allow sufficient range for states--and ultimately local communities--to meet their needs in a politically appropriate manner. At the same time, there is an apparent disenchantment with the banner of "accountability."

"We spend all our time being accountable," yet "we owe more to the community than we can give them." "We spend most of our time and a lot of our dollars watching where our money is going--we can't spend much of either responding to our communities' needs." "I understand the need for accountability," but "we must find the line between over- and under-regulating."

That federal regulation regarding family day care should be directed at states and not at individual programs was a sentiment of all respondents. "You'd think they would have learned a lesson from the FIDCR about trying to regulate programs instead of states." Further, the federal government should "yes, set some basic standards for states, but at the same time should provide funds to pay for them." For example, "If the feds want providers trained as a requirement . . . they must provide some funds for that training." Along these same lines, several respondents insisted that "using federal money for training would be far more effective than spending so much on regulating." Likewise, several respondents pointed to such programs as the Child Care Food Program: "All of those miniscule regulations make it almost impossible to use the funds. If they dropped most of these regulations, the money saved could be used to feed all the kids in day care who need it--so what if a few kids who are only 'sort of hungry' got fed too."

All of these criticisms and comments seem to point out an overriding concern of all respondents, which could be summed by the comment of a local provider: "Are we worrying so much about accountability, eligibility guidelines and the like, that there are kids out there who can't get near our 'quality' services, because we won't let them?"

NOTES

Chapter 1: The Setting for Family Day Care in Philadelphia

1. Unco, Inc., National Childcare Consumer Study: 1975, Vol. III, "American Consumer Attitudes and Opinions on Child Care," prepared for Department of Health, Education and Welfare, Office of Child Development, 1975.
2. Evening and Sunday Bulletin, Bulletin Almanac, 53rd Edition, 1976, p. 16.
3. Commonwealth of Pennsylvania, Bureau of Statistics, Research and Planning, 1978 Pennsylvania Abstract: a Statistical Fact Book, 1978.
4. Commonwealth of Pennsylvania, Department of General Services, The 1976-77 Pennsylvania Manual, 1977.
5. American Council of Life Insurance, Social Research Services, Datatrack 4: Households and Families, 1978.
6. Commonwealth of Pennsylvania, Bureau of Statistics, Research and Planning, op. cit.
7. Commonwealth of Pennsylvania, Bureau of Statistics, Research and Planning, op. cit.
8. Ibid.
9. Commonwealth of Pennsylvania, Department of General Services, op. cit.
10. Peat, Marwick, Mitchell and Co., with The Child Welfare League of America, Develop Child Welfare Service Delivery Systems Designs, Profile of Pennsylvania, prepared for Department of Health, Education and Welfare, Office of Child Development, 1976.
11. Commonwealth of Pennsylvania, Department of General Services, op. cit., p. 408.
12. Commonwealth of Pennsylvania, Bureau of Social Services Policy and Planning, Pennsylvania Bulletin, Part II, "Pennsylvania Department of Public Welfare's Comprehensive Annual Services Program Plan for 1978/1979," 1978.
13. Philadelphia City Planning Commission, Philadelphia: A City of Neighborhoods, 1976.

14. Philadelphia City Planning Commission, Housing in Philadelphia: Trends Influencing Philadelphia's Housing Market working paper No. 1 of the Housing Element, 1977.

15. Philadelphia City Planning Commission, Socio-Economic Characteristics, 1960 & 1970 Philadelphia Census Tracts, 1972.

16. Philadelphia City Planning Commission, 1977, op. cit.

17. Mallowe, Mike, "The White Hope," Philadelphia Magazine, November 1978.

18. American Council of Life Insurance, op. cit.

19. Commonwealth of Pennsylvania, Bureau of Statistics, Research and Planning, op. cit.

20. School District of Philadelphia, Office of Research and Evaluation, Day Care Centers in the City of Philadelphia and their Related Tract and Block Numbers, Capacity Payment Status, Type and Auspice, 1976.

21. C. Coelen, F. Glantz, and D. Calore, Day Care Centers in the U.S.: A National Profile 1976-1977, Vol. III of the Final Report of the National Day Care Study (Cambridge, MA: Abt Associates Inc., 1978).

22. Abt Associates Inc., National Day Care Home Field Operations Report, 1979.

Chapter 2: Issues Affecting Family Day Care in Philadelphia

1. Philadelphia City Planning Commission, Housing Characteristics, 1960 & 1970 Philadelphia Census Tracts (1972), p. 7

2. A description of that field effort, including the number of homes contacted appears as The National Day Care Home Study Field Operations Report.

3. School District of Philadelphia, Office of Research and Evaluation, Day Care Centers in the City of Philadelphia and their Related Tract and Block Numbers, Capacity Payment Status, Type and Auspice (1976)

4. Unco, Inc., National Childcare Consumer Study: 1975, prepared for Department of Health, Education and Welfare, Office of Child Development (1975), Vol. III, "American Consumer Attitudes and Opinions on Child Care."

PART IV

FAMILY DAY CARE IN LOS ANGELES: A CASE STUDY

Nancy Irwin

1.0 THE SETTING FOR FAMILY DAY CARE IN LOS ANGELES

In this chapter, we will first describe the neighborhoods in which the NDCHS was undertaken in Los Angeles. Following a review of state social services in California and the legislative history of child care in the state, we present, in Section 1.4, a profile of family day care in Los Angeles.

1.1 Description of Target Neighborhoods

Los Angeles County is one of the nation's largest, covering an area of 4083 square miles--more than the combined land areas of Delaware and Rhode Island. Its jurisdiction includes 79 incorporated cities, including the City of Los Angeles, numerous unincorporated areas, and the islands of San Clemente and Santa Catalina. The Los Angeles County government is the largest and most complex county government in the nation; its budget for FY 1976-77 was $2.8 billion. The population of the county is estimated at seven million--one-third of California's population. Los Angeles county is thus more populous than 44 of the 50 states. Of these residents, about 86 percent live in the 79 incorporated cities, and the balance live in unincorporated areas. The county's birth rate of 16.1 per thousand population is substantially higher than that of California as a whole (15.4) or the national rate (14.7). Of the 79 incorporated cities, the City of Los Angeles is the largest, with 2.75 million residents.

One of the major tasks of site development was to select communities within Los Angeles County with a high density of family day care. Four areas were targeted for study based on information about family day care compiled during the summer of 1978 and from conversations with child care advocates and other knowledgeable informants. Within each of these target areas, we were able to identify subsections that we will term "neighborhoods" for the moment, although they lack the cohesiveness of true neighborhoods. These target areas, then, are the following (see Figure 4).

Target Areas	Target Neighborhoods
Los Angeles	Boyle Heights Belvedere Eastmont
San Fernando Valley	Van Nuys North Hollywood Reseda Canoga Park
South Central Los Angeles	Watts Crenshaw District
City of Pasadena	Selected areas

East Los Angeles is an unincorporated urban community outside the City of Los Angeles. The San Fernando Valley is in the northwestern section of the City of Los Angeles; South Central Los Angeles, also a part of the City of Los Angeles, is in the "inner city" area. Pasadena is a city in the eastern part of the county. Summary information on population, income, and ethnic distinction for these four areas, as well as for the City of Los Angeles and Los Angeles County, are presented in Table 5.

East Los Angeles is a growing unincorporated area located four miles from downtown Los Angeles, with a population of over 113,000. It is a highly stable residential area (nearly half its residents have lived there all their lives) and relatively homogenous ethnically. Recent indications are that the median years of schooling in the area is slowly rising. There are also signs of economic decline:

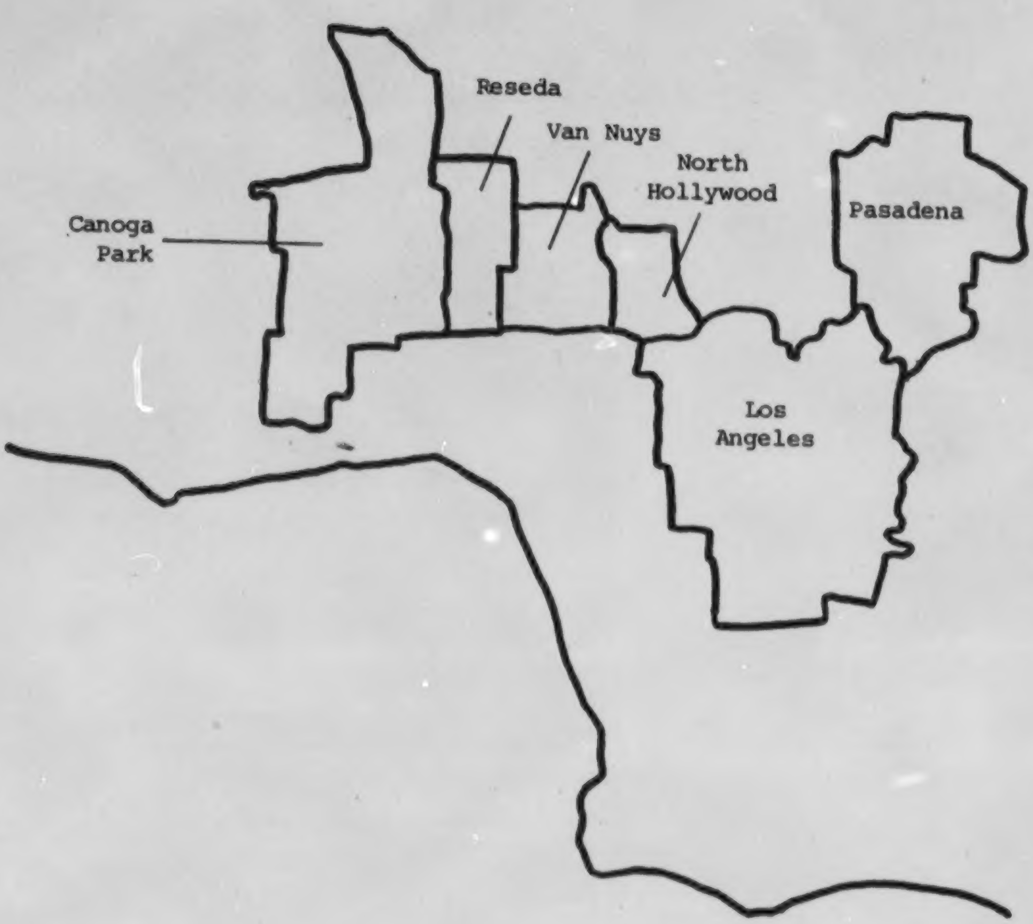
Reseda
Van Nuys
North Hollywood
Pasadena
Canoga Park
Los Angeles

Figure 4

Los Angeles Target Areas

Table 5

Population, Ethnic Distribution and Income in Los Angeles County

	Los Angeles County	City of Los Angeles	East Los Angeles	San Fernando Valley	South Central Los Angeles	Pasadena
Total population	7,000,000	2,759,564	113,720	1,100,000	219,533	107,917
% White	67.1	58.8	g	g	11	68
% Black	10	17.9	g	g	72	16
% Hispanic	18.3	18.4	90	g	13.2	11.5
% Other	4.6	.5	g	g	3.8	g
Per capita annual income	$3,871[a]	b	$2,900[c]	4,580[d] 5,500[e]	f	g

a in 1970
b in 1970, annual income per family was $10,500
c in 1976.
d in 1969.
e in 1973
f in 1970, annual income per family was $6,500
g no available data

the proportion of families below poverty level has risen since 1970 from 16.7 to 22.8 percent, and the current unemployment rate is estimated at 17.3 percent, compared to 9 percent for Los Angeles County as a whole.

The population of the San Fernando Valley represents 16 percent of the population of the county, and comprises mostly Whites, Hispanics and Asians. The population distribution among our target neighborhoods is as follows:. Van Nuys, 103,200; North Hollywood, 89,720; Fesida, 83,300; Canoga Park, 139,800. As indicated in Table 5, per capita income in the San Fernando area is on the rise and is significantly higher than that of the county as a whole.

Although South Central Los Angeles has experienced a slight decline in population since 1970 (-1.6%), it remains a densely populated area, reflecting a pattern that was common in Los Angeles during its early development, prior to the widespread use of the automobile. Here in the inner city, the population is heavily black and the median family income is nearly 40 percent less than that for the City of Los Angeles as a whole. The problems that plague South Central Los Angeles are typical of inner city areas--housing deterioration, a declining tax base and increasing tax rates, crime and unemployment. As in other U.S. cities, social and economic segregation as well as public and private institutional divestment have resulted in the decline of the inner city. Nevertheless, a new sense of ethnic pride and willingness to stay on and solve problems appears to have taken hold. Many neighborhood groups have been formed, and plans are being formulated to revitalize the community. For our study of family day care, it is noteworthy that preschool and school-aged children make up 34.7 percent of the area's population.

Finally, the City of Pasadena covers an area of about 36 square miles in eastern Los Angeles County. It is the fifth largest incorporated city in the county, and as Table 1.1 shows, the majority of its residents are White.

1.2 State Social Services in California

In California, all social services are State-supervised and county administered, with the exception of child care. Public child care services are administered by the State through purchase of service contracts. The following state agencies and committees share administrative resonsibilities for child care services in California:

- State Health and Welfare Agency;
  - Department of Health (DOH),
  - Employee Development Department (EDD),
  - Department of Benefits Payments (DBP);
- State Department of Education (SDE); and
- State Department of Finance (SDF).

DOH, EDD and DBP are departments within the Health and Welfare Agency, the umbrella agency for all social services. Federal regulations mandate the states to designate a single state agency to receive all federal funds for social services, including child care. California designated DOH as that agency. A California statute delegates responsibility for the administration of the State's child care programs to SDE. This discrepancy between the federal and state mandates has been resolved through a series of annual interagency agreements between DOH, SDE, DBP and the county welfare departments.

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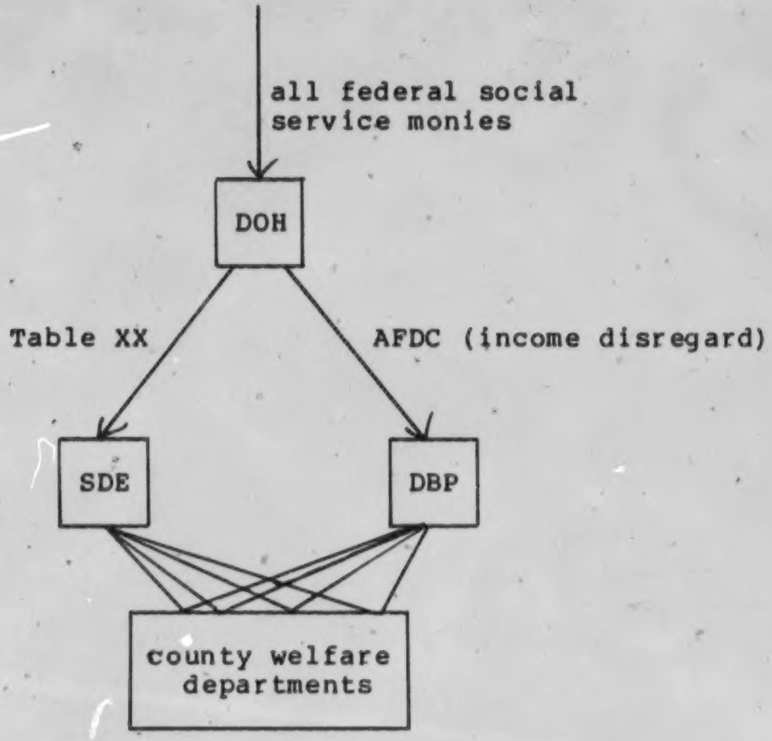
Federal payments for social services are directed to the DOH. In turn, DOH provides the federal Title XX child care funds to SDE, which administers the expenditures through contracts with the counties. Title IV funds for the AFDC Income Disregard program are directed through DBP to the county welfare departments. (Figure 5 diagrams the flow of federal monies.) State child development funds are directed to and administered by SDE.

SDE's administrative responsibilities for child care programs consist of the following activities:

- developing and promoting "a full range of child care services as are essential to the creation of a child development program which will meet a wide variety of child needs";
- formulating and promoting a child development program in all communities of the state "when the need exists";
- contracting with local school districts, county superintendents of schools, other public, private, and voluntary agencies to provide for such programs;
- adopting rules and regulations that provide for procedures and standards for the accreditation of neighborhood family day care homes;
- adopting rules and regulations that shall include standards for determining eligibility and priority of services;
- establishing a fee schedule for families who are not recipients of AFDC benefits and who therefore may be required to help meet operating costs;
- establishing "reasonable and uniform standards" not in conflict with provisions of law" for child development programs established and maintained under the provisions of the Child Development Act"; and

Figure 5

Flow of Federal Child Care Funds


all federal social service monies
DOH
Table XX
AFDC (income disregard)
SDE
DBP
county welfare departments

- apportioning state support for child care programs.

In addition, the State Board of Education is charged with prescribing minimum educational standards for child development programs, and the department is responsible for enforcing compliance with those standards.

The EDD (formerly the Human Resources Department) administers federally supported employment training programs for welfare recipients--the Work Incentive Program (WIN), the Manpower Development and Training Program, and the Community Work Experience Program. EDD, therefore has a peripheral interest in, but no direct responsibility for, the child care arrangements that must be provided to trainees under federal law. Social workers under the supervision of EDD staff are responsible for approving the training programs for persons who apply for child care and other social services.

DOH is responsible for the licensing of non-SDE facilities which care for more than seven children. In California, this includes group day care homes (defined as serving between 7 and 10 children), and centers (defined as serving 10 or more children). Licenses for centers and group homes are issued by the eight district offices with a licensing representative at each district office. DOH also provides training and technical assistance to providers not under contract with SDE.

DBP is the state agency that receives and supervises the administration of Title IV funds by the counties. With respect to child care, DBP ensures that eligible parents are allowed child care expenses in the county-administered income disregard system.

Much of the responsibility for administering child care services at the county level has been assigned to county welfare departments. County welfare departments are responsible through contracts for child care services, county-operated centers, payments to child care providers, the licensing of family day care homes, and the certification of current, former and potential welfare recipients as eligible for child care. Within this general responsibility, the county welfare departments under contract generally perform the following five major functions:

- providing child care services to county residents;
- establishing the eligibility of families for subsidized child care;
- licensing of family day care homes;
- providing referral services for parents in need of child care; and
- providing training programs for day care providers.

In Los Angeles County, the Department of Public Social Services performs these functions.

1.3 Historical Perspective on Child Care in California

The history of child care in California reflects the growing public interest in and concern for services to meet the increasing needs of working parents. The current range of available child care services is a response to this public mandate, as expressed in both federal initiatives in child care and in initiatives at the state level. California, acknowledged as a leader in providing public child care, has a long history of public support of these services.

Publicly Funded Child Care in California Before 1960

Early child care programs in the U.S. provided different services to different socioeconomic groups. The nursery school and kindergarten movement served primarily children of the middle and upper classes, and the day nursery movement served children of the working poor. In California, prior to the first federal initiative in child care--the nursery school projects of the New Deal--the Los Angeles County Nursery School Program of the 1920s was an example of the latter type of program. These nurseries, which were sponsored by the Board of Education, were explicitly concerned with parent education and the Americanization of the family.[1] Parent education allegedly "began in an atmosphere of criticism of the ways and values of the poor, combined with the notion that education could change adults as well as children."[2]

As part of Franklin Roosevelt's New Deal program during the depression, group child care programs were established by the Works Progress Administration (WPA) beginning in 1933. The program was primarily a work relief effort which provided jobs for unemployed teachers, nurses, nutritionists, clerical workers, cooks and janitors. The schools served children whose families were on direct relief or on WPA payrolls. The majority of the mothers were not employed. By 1943, California had approximately 85 WPA operating nurseries, of which 42 were located in Southern California.[3] The establishment of the nurseries and the subsequent decision to continue the program under Lanham Act funding (see below) provided continuity in child care services in the state, and significantly contributed to the war economy of Southern California and the state as a whole.

Despite the enormous demands for female workers during the war, public sector support of day care for the children of these workers was subject to intense debate. During the early stages of the war, manpower policies of the federal government were confused and ambivalent. Although the WPA and the Children's Bureau (U.S. Department of Labor) immediately began planning for full-scale mobilization and the accompanying demand for child care, a high-level official within the War Manpower Commission stated: "The first responsibility of women with children in war, as in peace, is to give suitable care in their homes to young children."[4]

Federal initiatives did not really get underway until late in 1943. The need for child care services in California was evident at least a year earlier. A local Los Angeles newspaper story stated: "...the wildfire development of war industry, the runaway increase in labor shortages [have] transformed the problem [of child care] from one of limited social welfare. . . .It is impossible to exaggerate the need for child care facilities in Southern California."[5] Many residents of California communities began to reassess their own needs. In Los Angeles County, no less than three organizations were formed specifically to assist in the effort to organize child care. Both the City and County War Councils formed active child care committees. A Child Care Coordinating Committee for Women in Industry was established, which included representatives from industry, labor, Parent Teachers Associations (PTA), education, and social welfare agencies. Child care information services were provided by local boards of education, the Los Angeles County War Council, and the Los Angeles Council of Social Agencies.

Eventually, opposition within the federal government diminished as the wartime need to employ more women became critical. By 1942, the War Manpower Commission was making strenuous efforts to recruit female workers. This vast mobilization created an urgent need for child care facilities. Early in 1942, the federal government responded to the need for intervention. The Community Act of 1941, commonly known as the Lanham Act after its sponsor, was interpreted as applicable to day care services in war-impact areas. As a result, by May 1943, the Federal Works Administration (FWA) absorbed 1150 of the former 1700 WPA nurseries.[6] This was explicitly an emergency measure, limited and temporary in nature.

To take advantage of the newly designated Lanham Act child care funds, the California legislature drafted an enabling statute (AB 307) which was passed and signed into law as an emergency measure on January 30, 1943. In Los Angeles, this Child Care Center Act was supported by a broad-based coalition whose members included:

- the Child Care Committees of the City and County Defense Councils;
- the PTA;
- the Council of Social Agencies;
- the Federation of Churches;
- the Aircraft War Production Council;
- the AFL;
- the CIO;
- the United States Employment Services;
- the Chamber of Commerce;
- the League of Women Voters; and
- the Committee for the Care of Children in Wartime.

Ten percent of all the war contracts in the U.S. were placed in California. Stimulated by this booming war economy, the Los Angeles child care centers program grew rapidly. By December 1943, the Los Angeles city schools were operating 64 centers, and by 1944 the California program was the largest in the country, operating 392 units serving 21,800 children.[7]

The temporary nature of federal support for child care was underscored when the FWA, at war's end, announced the cessation of all Federal monies for child care by October 31, 1945. However, short-term continuation of the program was recommended by President Truman and subsequently approved by Congress. The federal government appropriated $7 million to extend the child care centers through March 1, 1946.

California was among the few states which continued to provide public support for child care after 1946, primarily because the state continued to experience a labor shortage after the war. The growing aircraft and electronics industries, educational institutions and various service occupations were aggressive in their demands for female workers, especially those who were trained during the war years. The State continued to support child care centers to prevent an immediate withdrawal of large numbers of women from essential jobs.

Because the legislature assumed that this labor market condition was temporary, the centers faced an annual funding crisis until 1953, when the funding became biannual. According to Grubb and Lazerson, ". . . the coalition which fought so hard on behalf of the centers was able to draw upon the increased demand for women workers during the Korean War to gain permanent funding in 1957."[8]

Because a sliding-fee scale and priority enrollment schedule were introduced, the composition of families using the centers changed markedly after 1947. The proportion of single-parent families using the centers increased from 44 percent in 1947 to 60 percent in 1951.[9] The introduction of a means test and other enrollment criteria stimulated a shift in the program's focus from one solely concerned with educational goals to one concerned with helping the deserving poor remain financially independent.

Following the war, despite efforts of labor organizations and public officials urging women to resume their prewar role as homemakers, the female proportion of the labor force remained substantially higher (22.7%) than the pre-war figure (14%).[10] In Los Angeles County, the number of day care nurseries grew rapidly from nine in 1940 to 450 in 1956.[11]

However, the need to establish day care services for children under two years of age remained a serious problem. During the 1950s, a negative view of working mothers was dominant within the social work profession. Social workers considered family day care to be the best alternative and viewed center-based care as the least desirable option for children whose mothers worked.

These views were clearly evidenced by the Foster Family Day Care Project operated by the Children's Bureau of Los Angeles from 1950 to 1964. This casework project was initiated at the request of the Welfare Federation of Metropolitan Los Angeles. The Federation was particularly concerned about the day care needs of children under two. The project operated solely on a personal interview basis. Intake services included extensive interviews with parents, as well as a series of interviews with the "foster family day care parents." Bureau staff made weekly visits to the foster day care home for the duration of the placement, and a minimum of one monthly visit was made with the child's parents. By 1964, the Children's Bureau of Los Angeles terminated its Foster Family Day Care Project, in large part due to continuing problems in finding foster day care homes.

Child Care Legislation of the 1960s and 1970s

The renewed commitment of federal funding for child care in the mid-sixties dramatically affected both the development of new programs and the established child care system in California. Federal support for day care increased from less than $10 million in the early 1960's to more than $332 million in 1971. Once again, federal programs were enacted chiefly to support national goals formulated in response to crisis conditions--earlier the Great Depression and expansion of wartime employment; and now, the social upheaval of the 1960s.

The history of child care in state and local governments often parallels these federal initiatives. In California, there has been a complex interweaving of federal initiatives and subsequent state reaction to the impact of these initiatives and to internal interests. The following synopsis of major legislative initiatives in California shows that state's leadership in providing innovative public support of child care.

The Children's Center Act of 1965 established the name "Children's Centers," and changed the legislative intent of the existing system of child care centers (the old Lanham Act centers) from "care and supervision" to "supervision and instruction," presumably to take advantage of anticipated federal funding. Although no federal funds were forthcoming until the 1967 Social Security amendments, this enabling legislation was instituted in 1965. In a related action, the State Department of Education (SDE) and the

State Department of Social Welfare (SDSW) were authorized to enter into a contractual agreement to provide preschool services for children of welfare recipients, thereby setting a precedent for the contracts to follow in later years.

The Neighborhood Family Day Care Project was established in Los Angeles in 1962, ostensibly to examine the effectiveness of providing career training in family day care to welfare mothers. This approach has been roundly criticized both for its coercive aspects and for the potentially damaging effects on children served in such homes. The Los Angeles pilot was established at the request of the State Department of Public Social Services in Los Angeles. It recruited low-income AFDC recipients to be trained as family day care providers. These caregivers were salaried at $400-$500 per month to provide family day care at no cost to other AFDC parents who were either in training or at work. When the State withdrew funding in 1969, the positions were eliminated.

AB 750 (1970) was the state legislature's first attempt to consolidate responsibility for child care programs in the State Department of Education. This act focused responsibility for child care services, and initiated increasing jurisdictional conflict between the State Department of Social Welfare (SDSW) and the SDE.

The Welfare Program Act of 1971 (SB 796) provided $3 million in child care funds for the development of comprehensive services for former, current and potential recipients of public assistance while employed or in training. This legislation was a direct attempt to maximize federal reimbursement for these services. There were significant problems in implementing certification procedures due to conflict between the SDE (which administered the Children's Centers, and wished to maximize federal funds) and the SDSW, which in principle opposed the provision of group care and was committed to direct reimbursement for privately arranged child care services.

AB 282 (1972) augmented this effort at welfare reform, and established "County Contract Centers" at the local level by interagency contracts between the SDE and county welfare departments.

The Community Care Facilities Act of 1972 (AB 2262) was an attempt to consolidate the licensing functions of the Departments of Mental Hygiene, Public Health, and Social Welfare. It was passed in the same session as a bill that reorganized the entire health and welfare sector of state government (SB 1400). Child day care services were included at the request of the newly organized State Department of Health (DOH).

AB 99, the Child Development Act 1972, is an especially significant piece of legislation, as it placed all programmatic responsibility for child care and child development programs within SDE. There are two principal policy objectives of the legislation: to help economically marginal families to maintain their self-sufficiency (a welfare reform function), and to provide an environment and experience that would support the cognitive, social, emotional, and physical development of children beyond what they would receive in their own homes. Because the DOH is designated the "single state agency" to receive all federal social service monies, a complicated interagency agreement must be negotiated yearly between SDE and DOH. The federal government has been highly critical of the present arrangement in California.

In 1973, AB 1244 funded a three-year pilot study to develop and test a coordinated child care delivery system in Santa Clara County. The study was initiated in 1975 and was funded with $3 million in state monies. The study was designed to test the "vendor/voucher" concept of day care reimbursement. Although the voucher reimbursement system has not received serious federal consideration as yet, the State of California exhibited a high degree of initiative and creativity in funding this pilot study.

The programs established under the AB 3059, the Alternative Child Care Program (1976), are directed at finding more cost-effective means for the delivery of child care services in the state. The legislation established center care, family day care, resource and referral centers, and vendor/voucher programs. The program is operated solely on state funding, and therefore does not adhere to the FIDCR ratios. First-year appropriations for the program were $10 million. The specific objectives of the legislation are to test potential cost-reducing child care alternatives; to provide a broad range of choices for parents needing publicly subsidized child care services; to address unmet child care needs in communities throughout the state; and to provide for the identification of workable child care practices that might be replicated in other areas.

AB 1288 was the major child care bill of 1977, expanding the AB 3059 program. In addition, this legislation was directed at examination of the current reimbursement system for child care in California, which at the present time is established on a cost-per-child-per-hour basis. This system, according to many providers of child care, is unnecessarily complex and creates severe cash flow problems.

1.4 Family Day Care in Los Angeles

The strong regulatory environment within which family day care operates in California reflects that state's longstanding commitment to many types of child care programs. In Los Angeles County, family day care homes must be either licensed by county workers or approved by Alternative Child Care Programs (AB 3059). Family day care systems receiving AB 3059 funding can require participating providers to complete the state licensing process or can approve homes themselves, adding or reducing licensing requirements as they deem appropriate.

Nearly all regulated providers in Los Angeles indicated that they were visited once or twice both before and after licensing--most commonly by the licensing agency, but sometimes by the fire department or welfare department, and occasionally by the health department. Providers report that visitors most often checked the family day care home for fire hazards and the general safety or suitability of the home and yard. Among unlicensed providers, several cited the prohibitive costs of the licensing requirements and health or safety regulations as reasons they had chosen to remain unlicensed.

Sponsored providers in Los Angeles were asked about the sorts of information requested of them by the agency prior to approval. The most frequently required information concerned the general safety of the home; other common questions concerned the provider's licensing status, her caregiving philosophy and her experience with children, her family background, and her health. Less frequently, providers were asked about their reasons for providing family day care or about their work experience.

Los Angeles was the only NDCHS site in which sponsored caregivers, on the average, had substantially less day care experience (median 2.9 years) than their regulated counterparts (median 5.8 years). The relatively low experience level of sponsored providers, however, is an artifact of the short history of sponsored care in Los Angeles. Although some sponsored caregivers were providing care long before they joined a family day care system, many were recruited about two years before the study began, when most family day care systems in Los Angeles were formed.

Sponsored providers in Los Angeles also had several characteristics which distinguished them from sponsored providers in other NDCHS sites. In general, these differences seem to reflect the lack of exclusive use agreements between most systems in Los Angeles and their providers. Because the systems did not restrict their providers to caring only for children recruited by the sponsoring agency, for example, providers were free from enrollment limits and could take on additional, nonsponsored children. The mean number of children in sponsored family day care homes in Los Angeles was 5.4; in both Philadelphia and San Antonio, the average was 3.5.

Similarly, school-aged children are not frequently cared for under exclusive use agreements because of the part-time nature of the care provided. For caregivers receiving a salary based upon the number of children in care, it is not profitable from the agency's perspective to place school-aged children in homes, because these children are generally in care for fewer hours. Moreover, placing school-aged children limits the number of additional children that can be placed. Where there are no exclusive use agreements, on the other hand, caregivers may enroll school-aged children (who are in care only a few hours a week and thus represent only a minimal additional burden) on their own to earn a few extra dollars. In San Antonio, where all sponsored homes operated under exclusive use agreements, only 1.4 percent of the children in sponsored homes were of school age. In Philadelphia, where three-quarters of the sponsored homes had such contracts, this figure was 8.7 percent. In Los Angeles, fully 23.4 percent of the children in sponsored care were of school age.

Finally, because of the exclusive use agreements, it is not surprising that nearly 90 percent of the children in sponsored homes in Philadelphia and San Antonio were referred by the sponsoring agency; less than half the children in Los Angeles sponsored homes were similarly referred. Friends, neighbors and referral agencies constitute equally important recruitment sources for these sponsored providers.

We close this section with a topic alluded to earlier--the difference between the neighborhoods of Philadelphia and San Antonio and the areas under study in Los Angeles. Providers in San Antonio and Philadelphia had lived in the same neighborhood approximately three years longer than had those sampled in Los Angeles. The degree of permanence for caregivers interviewed in the NDCHS, to a large extent, reflects the demographic characteristics of the three study sites. As Los Angeles is a much newer city than either San Antonio or Philadelphia and one whose population is much more in transition, this difference in neighborhood stability is not surprising.

2.0 ISSUES AFFECTING FAMILY DAY CARE IN LOS ANGELES

There was little regard for the cost of child care services in California when money was available under Title IV-A. The issue of cost and benefits surfaced in the wake of economic constraints. In 1976-77 the Legislature substituted $15 million of State General Funds for Federal Title XX funds allocated to child care through a shifting of Social Service dollars. Commonly referred to as the "buy-out," this funding substitution was intended to serve more children by enabling child care programs to operate under less restrictive adult/child ratios than those specified by the Federal Interagency Day Care Requirements (FIDCR). The FIDCR ratios were not viewed as necessary to maintain quality care. Similarly AB 3059 was a way for the state to purchase care in family day care homes--at a lower cost, but without sacrificing quality. One respondent summed up the familiar dilemma of cost and quality.

> To the extent that we pare down our staffing ratios and put seven kids to one adult, we can provide more kids with care. Do we provide a few kids with better care or provide lots of kids with so-so care?...Training may be the answer for using fewer caregivers without losing out on quality....and in family day care we may be able to rely on training rather than providing a whole range of costly support services.

A second effort to improve cost-effectiveness has been to foster maximum use of differential staffing within child care programs. Differentiated staffing is a procedure under which the teaching function is performed by a wide range of personnel, including instructional staff who have varying levels of preparation, student teachers, and volunteers. As part of this effort, steps have been initiated to recognize the Child Development Associate (CDA) credential within California's credentialling system for teachers in subsidized centers. The CDA is a field-based training and

and credentialling procedure and is designed to (a) provide training to classroom staff, thereby improving the quality of preschool programs, and (b) certify trained individuals as having demonstrated competence in working with children without requiring lengthy academic preparation.

The significance of this activity is underscored by two facts. First, prior to this initiative, credentialling in California has required considerable formal academic coursework for teachers in subsidized centers, despite the absence of a demonstrated relationship between extensive educational qualifications of staff and either quality or effectiveness of child care programs.

A second issue concerns appropriate child development training as it relates to displacing or "bumping" of individuals trained in child development by elementary or secondary teachers in school districts facing declining enrollments. Placement by school districts of credentialled teachers in subsidized child care programs has occurred in some parts of the state and has led to concerns about both the substantial program costs which have resulted and about whether teachers are adequately prepared for instructional positions in child care programs which principally serve preschool children.

One respondent indicated that use of CDA would have little impact on family day care. While this may be true, the question of training for providers and upgrading of family day care remains a critical issue: How should family day care providers receive training? By whom? At what cost? Would the provision of credentialling and training to family day care providers increase the cost of care? What should be the role of the State in the provision of these services?

Finally, there is an issue of the comparability of the range of day care services purchased with state dollars. Child care programs that are totally state-subsidized are not required to meet the FIDCR. State programs funded through Title XX, on the other hand, must adhere to the FIDCR. Yet both are administered by a state agency, the SDE. In addition, the state pays for unlicensed child care services through the Income Disregard program even though it has also established licensing regulations as a minimum measure of health and safety. Amid this jumble of responsibilities and programs, it is difficult for the state to establish a consistent role regarding cost and quality in day care, particularly for family day care.

2.1 Family Day Care and Center Care in California

In this section we will review the need for child care in California and the present range of available care.

Present Need for Child Care

No figures are available that tell us precisely what we need to know--how many child care slots are needed in California? What is the distribution of parents' preferences for type of care? How many slots are actually available in day care centers? in preschool programs? in family and group day care homes? What is the need for and availability of subsidized vs. nonsubsidized care?

We can, however, arrive at estimates for some of these figures. Table 6 summarizes certain indicators of the need for child care in California. The percentages of working mothers and of single-parent families are both sensitive indicators of the ability of families to provide

Table 6

Indicators of Need for Child Care in California

	1978	1984 (projected)
# children under 14	4,630,00	4,250,000
% children under 14 with working mothers	48.4 (2,240,000)	57.8 (2,455,000)
% children under 6 with working mothers	40.4	52.4
% children 6-14 with working mothers	53.5	61.1
% children under 14 with single parent	17.1	24.0

Source: California State Department of Education, Child Care and Development Services (the Report of the Commission to Formulate a State Plan for Child Care and Development Services). Sacramento, 1978.

full-time child care in the home. We see in Table 2.1 that both are still on the rise in the California. In 1978, there were 2,240,000 children under 14 with working mothers. Note that although the total number of children under 14 is expected to decrease by some 380,000 between 1978 and 1984, the number of these children whose mothers work will actually increase by 215,000.

Our next step is to apply to these figures the results of a 1974 survey of the distribution of children across types of care (see Table 7). Slightly more than one-half of the children in the 1974 sample were not in day care of any type (not shown). Of those in care, two-thirds were cared for in their own homes. Smaller percentages were cared for in day care centers or preschool programs (11.8%) and family day care homes (7.5%). By applying these percentages to our estimates of the total number of children under 14 for 1978 and 1984, we can gain some idea of the distribution of these children across the various types of care. We may look for 289,880 children in California day care centers in 1984, up from nearly 264,000 in 1978. Similarly, the number of children in regulated family day care will increase from about 166,680 to about 184,125.

We turn next to a consideration of the subsidized care presently available to meet these needs.

Subsidized Child Care and Development Services in California

The commitment of funds to child care and development services by the State of California bespeaks two goals. The first is to provide children in day care with a safe and healthy environment that enhances their cognitive, social and psychological development. The State recognizes that many working parents must place their children in day care,

Table 7

Number of children in Various Care Arrangements

Type of Care	Percent of[a] children (1974)	Number of children[b] (1978)	Number of children[c] (1984)
In own home	67.0	1,495,490	1,644,890
by a relative or friend	19.3	430,590	473,815
by a paid sitter	26.3	588,010	645,665
by an older child	21.4	476,890	525,370
In the home of a relative or friend (unpaid)	9.7	217,610	238,135
Family day care home	7.5	166,680	184,125
Day care center or preschool	11.8	263,910	289,880
Other form of care	3.9	87,970	95,745
Total	(99.9)	2,231,660	2,455,000

[a] Distribution derived from results of a survey of child care needs conducted in 1974 by the State of California, Office of Population Research.

[b] Based on a total number of children under 14 of 4,630,000 (Table 2.1).

[c] Based on a total number of children under 14 of 4,250,000 (Table 2.1).

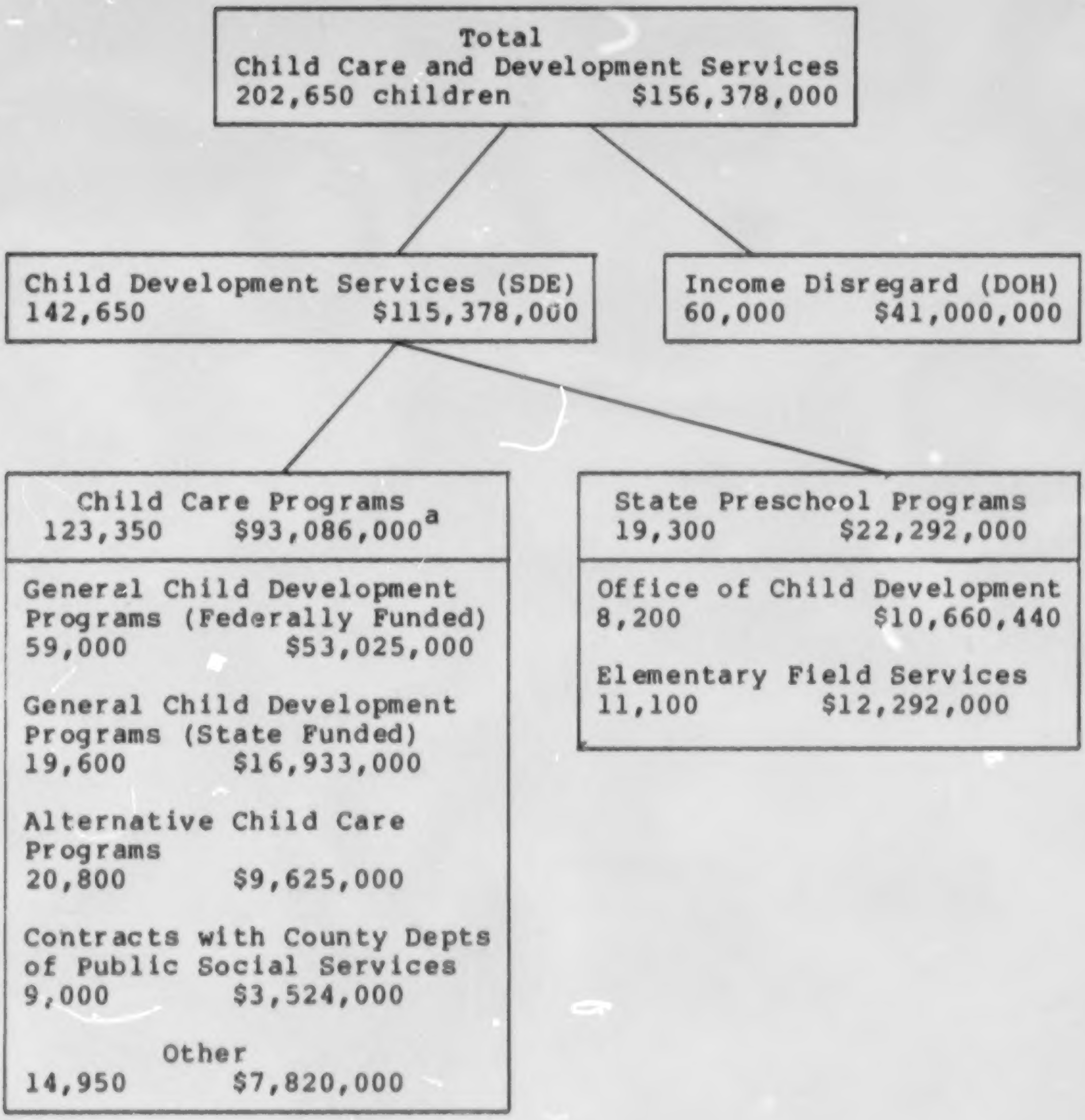
and seeks to ensure that quality care is available even to low-income families. To this end, the SDE administers a number of publicly funded child development programs (using federal, state and local monies) that provide free or reduced-price care for children of low-income parents who work or are in training. All child care institutions participating in these programs must meet state licensing requirements and are monitored by the SDE to ensure compliance. The State's second goal is to allow and encourage welfare recipients to compete in the job market, in hopes that they may become financially independent. To this end, the DOH (through DBP) administers an income disregard program, by which welfare recipients who are employed may deduct child care expenses from their income before their welfare grant is computed. Finally, California residents with an earned income may receive subsidized child care by a third method:. the IRS provides an indirect subsidy in the form of an income tax credit for child care expenses. It is estimated that such tax credits totalled $44 million in FY 1977-78.[1]

Figure 6 presents information on the size of the SDE and DOH programs, in terms of both children served and dollars spent. The DOH uses about $41 million in Title XX monies to fund day care through AFDC'S income disregard method. These funds are distributed through county welfare departments. The income disregard procedure in effect reimburses parents for the costs of child care that they themselves have selected:. about one-half arrange to have their children cared for in their own homes, about one-third choose family day care (20,000 children), and the remainder use center care. These facilities are not required to meet state or federal standards; some are not licensed.

Monies for the child development programs administered by the SDE--more than $115 million in FY 1976-77--are

Figure 6

Child Care and Development Subsidies (State of California, FY 1976-1977): Number of Children Served and Amount of Funding


Total
Child Care and Development Services
202,650 children $156,378,000
Child Development Services (SDE)
142,650 $115,378,000
Income Disregard (DOH)
60,000 $41,000,000
Child Care Programs
123,350 $93,086,000[a]
General Child Development Programs (Federally Funded)
59,000 $53,025,000
General Child Development Programs (State Funded)
19,600 $16,933,000
Alternative Child Care Programs
20,800 $9,625,000
Contracts with County Depts of Public Social Services
9,000 $3,524,000
Other
14,950 $7,820,000
State Preschool Programs
19,300 $22,292,000
Office of Child Development
8,200 $10,660,440
Elementary Field Services
11,100 $12,292,000

Source: California State Department of Education, Overview of Child Care and Development Services in California, Sacramento, 1978.

[a] Includes $2,159,000 in SDE administrative funds.

provided from various sources. In general, maximum costs per child-hour to the State of California and hence to the federal government, are limited by statute, and costs in excess of this ceiling are paid by the local community. The child development services administered by SDE fall into two major groups, as shown in Figure 2.1: child care programs and state preschool programs. The latter are state-funded, part-day educational program for disadvantaged preschoolers, and thus are of minimal relevance to our study of family day care in California.

In 1972, the legislature assigned administrative responsibility for the child care programs to SDE. As one respondent stated, "the legislature indicated its concern about quality and what is happening to kids by shifting the responsibility to SDE." Although SDE has many different programs funded through a system of contracts, its major emphasis is on center-based care. Since 1972, SDE has funded a diverse group of sponsoring agencies that include public schools, which may or may not use additional local tax funds; welfare departments and other public agencies, such as city governments and housing authorities; large, private, nonprofit agencies and small community groups, many of them co-funded with United Way monies; private foundation grants; Revenue Sharing; and proprietary agencies. Programs may receive funding from several sources.

Seven different child care service programs are administered by SDE:

- federally funded General Child Development Programs;
- state-funded General Child Development Programs;
- Alternative Child Care Programs;
- contracts with county Departments of Public Social Services;

- the Migrant Child Development Program;
- the Campus Child Development Program; and
- the School Age Parenting Program.

The first four of these will be discussed in some detail. The last three programs are small, specialized center-based programs, and are simply grouped together as "other" in Figure 2.1. These seven child care programs serve over 123,000 children altogether, at a cost of over $93 million in FY 1976-77. Enrollment is distributed across types of care roughly as follows: day care centers, 89 percent; family day care homes, 8 percent; group day care homes, 1 percent; in-home care, 2 percent.

Well over half of SDE child care funds ($53 million) are channeled into federally funded General Child Development Programs. These programs are operated by a variety of organizations including school districts and public and private agencies. Funding comes both from Title XX and from the State of California, and those institutions that receive federal dollars must meet the FIDCR. A variety of facilities are used--centers, family day care homes, and combinations of the two.

Similarly, a variety of profit, nonprofit and public agencies operate child care programs funded by the state through any of several legislative acts, including AB 99 (Innovative Child Care Programs). These programs must meet state screening standards as set forth in Title 5 of the California Administrative Code. Such funding totalled nearly $17 million in FY 1976-77. The Innovative Child Care Programs were designed to test different types of administrative arrangements for child care services. A major proportion of the projects are operated by private proprietary and nonprofit organizations, including local anti-poverty councils, private nursery schools, ethnic organizations, and neighborhood centers. Other programs are operated by school districts, county offices of education, cities, colleges or other public agencies.

The third type of SDE child care program, Alternative Child Care Programs, were established by legislative mandate (AB 3059) in 1976 with the goals of testing features that might reduce child care costs, ensuring maximum parental choice among facilities, addressing unmet needs throughout the state, and encouraging community-level coordination of support for child care programs. Programs funded include center-based programs, family day care systems, vendor payments programs (an administrative mechanism to provide payment for subsidized child care purchased chiefly in the private market in both homes and centers), and resource and referral centers (which provide a wide range of support services to parents in search of child care, and to providers).

Finally, SDE contracts with county welfare deparments to provide child care, using Title XX funds. The welfare department uses the funds to provide child care vouchers to parents; most of these vouchers are used to purchase care in family day care homes.

Subsidized Family Day Care

Family day care is provided in a home that has been licensed by the Department of Health, or approved by agencies funded through SDE. California law requires that anyone providing care for a child under 16 be licensed, although it is clear that the majority of family day care is unlicensed care. Such care is often used because of its low cost, flexibility in hours and service, and proximity to either the home or work of the consumer.

Our estimates from Table 2.2, however, indicate that nearly 167,000 children in California were in family day care in 1978. It thus appears that only about 18 percent of family day care slots in the state are subsidized, as opposed to more than 40 percent of center slots. This is yet another indication of family day care's relative isolation from public services. In fact, Abt Associates' research experience leads us to believe the estimated eight percent of children in family day care is a low estimate indeed. Nationally, the proportion of children in full-time care who are served in family day care homes is 24 percent;[2] in part-time care, this figure is even higher. It therefore seems likely that the 8 percent figure reflects the difficulty of finding unregulated, invisible family day care homes. This in turn would mean that the 18 percent rate of subsidy of family day care slots cited above is low because it does not take large numbers of unregulated homes into account. Finally, we should note that the distribution by type of care in Table 2.2 is from 1974--two years before AB 3059 began to bring family day care out of the shadows, and more under the regulatory umbrella.

AB 3059

In 1976, SDE and DOH, working cooperatively with the Legislature, developed legislation to expand child care services in California through the Alternative Child Care Program (AB 3059). The legislation provided for three kinds of direct child care programs and two support programs. The direct service programs are family day care homes, child care centers, and direct payments to or on behalf of parents for child care services (vendor/voucher payments). Support programs funded by AB 3059 are resource and referral centers and minor capital outlay. Agencies representing a range of program types were selected for tentative funding based on geographic location and types of service.

Vendor/voucher payment agencies permit a maximum of parental choice. Eligible families may select care in any licensed or approved child care facility. In most instances, payment is made directly to the provider; however, in some cases funds are issued to the parent, who then pays the provider. The vendor/voucher payment option increases parental choice and provides for the widest possible use of child care facilities in a community. Vendor/voucher payments may be made for one child in a family day care home or a neighborhood proprietary center, or for any number of children in a day care center. Because agency staff have intimate knowledge of available services and facilities, vendor/voucher payment agencies often provide resource and referral services to the community, even though they have no resource and referral funding. The availability of vendor/voucher payment funding has encouraged a large number of private nursery schools to provide services for the first time to subsidized children.

The availability of AB 3059 funds has also resulted in an appreciable increase in the number of licensed or approved family day care homes. Many funded agencies have employed staff to develop training programs for family day care providers. In some instances this training is taking place in the homes. In other instances, classes for providers are held at a central location, or at an adult school or college. Agencies have also provided family day care providers with carefully selected toys and books for the children. Wheel toys and large equipment may be loaned to providers, thus making a wide range of items available to the children. In some cases, family day care homes are now satellites of center-based group care. In general, bringing family day care under the regulatory umbrella has had a positive impact on the quality of care provided.

Family day care homes for subsidized children had previously been a relatively minor part of the State's total child development program. AB 3059 allocated, for the first time, a significant amount of money for this type of delivery mechanism. Many of the strengths of the legislation were in the family day care component. The application process pulled communities together into interdisciplinary resource-sharing groups, a network that has continued on into the program development phase. Where family day care homes are satellites to center care, this facilitates an exchange of children, training and staff. Adding family day care as an option to other community resources has led to the growth of children's services complexes, offering shared resources to providers and offering one-stop information and services to parents. This linkage of family day care with center care has upgraded the community perception of family day care as a professional service.

Community professionals outside of day care--for example, health technicians, architects, planners, and mental health workers--have diversified local program components through networking with family day care systems. Family day care networks have been particularly useful in rural areas, creating programs which are specifically suited to local needs, job patterns, housing, transportation, and cultural styles. Family day care has also been established in some rural areas where no subsidized care was available before AB 3059, stabilizing parents' employment and promoting a family support network among the individuals and agencies involved.

With the advent of AB 3059, family day care's low salary scales, the use of already available space and supplies and the use of recycled materials have lowered the cost to the state of providing child care, without sacrificing quality of care.

Income Disregard and WIN

Family day care paid for by the State of California through the Income Disregard Program, under the State Department of Benefit Payments, is subsidized care, but is not specially administered through a state agency, as are the programs run by SDE. The individual recipient can choose the child care arrangement that is most suitable to his/her needs. At the county level, the Income Disregard Program is administered by the Los Angeles County Welfare Department. The participants are AFDC recipients that are working and have work-related child care expenses. Each month, participants are required to report income, earnings, and work-related expenses. Provided that the cost is reasonable, and the children are young enough, child care costs are deducted from the reported gross income before calculating the AFDC grant. According to the regulations, the total amount disregarded cannot exceed the cost for Title XX FIDCR child care centers, if one is available. Income disregard is not allowed where there is an adult or relation living in the home, as it is assumed that the relative can care for the child.

As noted above, the AFDC recipient can choose the type of child care desired. Most recipients choose family day care, which results in the indirect funding of family day care by the State. One respondent from the Department of Benefits Payment stated,

> "Our role, really, is to make sure that whenever working recipients have necessary child care expenses, we allow that as income disregard. We do not look into whether the care is really adequate, or whether the person who provides care is licensed. We don't have any jurisdiction over that--it would be the Department of Health's licensing responsibility. The only requirement is that

> the AFDC mother provide a receipt, and if she doesn't have a receipt, she has to provide the name of the persons who provided care, and the address, so that this can be verified."

Family day care is also provided as a part of WIN, although most WIN care is in-home care because care provided in centers or family day care homes must meet the FIDCR. WIN and Income Disregard, although related, are separate programs. "If a recipient does not qualify for WIN, but still has child care expenses," said one respondent, "then Disregard would assume the cost." Each year, the federal government has funded WIN social services at fixed levels; how the child care funds are actually spent is a function of county policy. In Los Angeles County, the WIN social workers are not in the Department of Public Social Services, but rather in the Employment Development Department (EDD). There are 20 EDD field offices throughout Los Angeles County.

2.2 The Regulation of Family Day Care in California

In general, the regulation of family day care in Los Angeles is more stringent than in either San Antonio, with its registration system, or in Philadelphia. The regulation of child care programs in California is the responsibility of both the federal and state governments. Programs funded through Title XX and Title IV-C operate under federal regulations; all other child care programs are under the regulatory authority of the state. The state delegates the authority to license family day care homes to counties, many of which have returned the responsibility to the state because of the cost. Los Angeles County is one of the few large counties in the state that has retained the licensing function.

ACYF (Region IX) disseminates information, interprets requirements, and oversees compliance with the FIDCR and other federal requirements that apply to federally funded child day care programs in California. ACYF cooperates with DHEW's Administration for Public Services (APS) in monitoring programs' compliance with the FIDCR. ACYF is responsible for monitoring social service programs funded under Title XX (except day care), WIN, IV-A, and IV-B. APS provides training and technical assistance to states, counties and localities. In addition, APS conducts program and financial evaluation of Title XX and other federally funded programs. ACYF and APS relate directly to DOH, California's "single state agency." The ACYF Regional Office assists in the contract negotiations between DOH and SDE.

DOH Responsibilities for Regulation of Child Care

DOH is one of the primary state agencies involved in licensing of child care services. Under the Community Care Facilities Act of 1972 (AB 2262), the agency was empowered to license all community care facilities operating in the state. Community care facilities were defined as those which provide non-medical residential care, day care or home finding agency services for children and adults. AB 2262 defined "day care" as a facility providing less than 24-hour non-medical care. AB 2262 allowed DOH to delegate the licensing responsibility via contract to the counties and provided for reimbursement to the counties for licensing costs not first deferred by federal funds. AB 2262 further called for yearly evaluations of these facilities and mandated the establishment of an evaluation method to rate facilities on the basis of the quality of care and services provided. Subsequently, AB 2262 was amended, limiting evaluations of day care facilities to considerations of health and safety, to be conducted every two years.

Responsibility for licensing community care facilities rests with the Facilities Licensing Section (FLS) of DOH. The FLS maintains its headquarters in Sacramento and has six district offices and four subdistrict offices located throughout the state.

Currently, the state has contracts with 47 counties to license community care facilities. These include an estimated 40,000 facilities, of which 10,000 are licensed directly by DOH. In general, DOH has responsibility for the licensing and evaluation of larger community care facilities, and the counties license smaller ones. DOH licenses all day care centers and delegates the licensing of family day care homes to the counties. Although there are 12 different types of community care facilities, 85 percent of all licensed facilities are either day care or 24-hour residential care for children. The remaining 15 percent are facilities for adults.

The amount of state reimbursement to the counties has been the subject of considerable controversy. Counties have repeatedly maintained that the reimbursements are insufficient to cover the actual costs that they have had to absorb. As a result, many counties have returned the licensing responsibility for facilities in their areas to the state (DOH). Recently, the state increased the reimbursement rates to the following levels: new licenses issued, $160; renewed licenses, $66; withdrawals/denials, $134; and revocations, $361. These reimbursements represent the statewide average non-service costs of county licensing programs, totalling an approved budget appropriation for FY 1977-78 of approximately $4.1 million.

The counties' community care licensing programs historically operate within the social services divisions of their welfare departments. There are two funding components of the county licensing program. Services include such activities as training sessions, counseling, home studies, and technical assistance to licensees. The cost of these activities are shared by the federal government through Title XX funds and by local county funds, 75 percent and 25 percent respectively. Nonservices include such activities as the issuance and termination of a license, and enforcement and compliance activities related to licensing. The State has reimbursed counties for the cost of nonservice activities up to a maximum of $65 per license issued. Reimbursement for the costs of both service and nonservice activities are claimed by the counties on their county administrative expense claim submitted each quarter to the state Department of Benefit Payments.

SDE Responsibilities for Regulation of Child Care

Under AB 99, SDE assumed statewide administrative responsibility for all county contract and county-operated child care centers and family day care homes, in addition to its previous responsibility for children's centers, campus children's centers and migrant day care centers. SDE subcontracts for the delivery of all child day care services to county welfare departments, city and county school districts, state colleges and universities, and other public and private agencies. As SDE is itself operating on a subcontract from DOH, these are, in effect, sub-subcontracts.

Organizationally, responsibility for administration of child care programs within SDE is assigned to the Child Development Program, Support Unit (CDPSU). This unit has specific responsibility for preparing the agency's State Plan for Child Care and for providing technical assistance to contracting agencies. This unit also has a compliance team which is responsible for supervisory program and facility reviews. In addition, the State Board of Education is charged with prescribing minimum educational standards for child development programs, for which SDE is responsible.

Licensing/Approval Requirements for Family Day Care

The licensing process itself is relatively simple. Many counties hold monthly or semi-monthly meetings to familiarize potential applicants with licensing requirements and procedures. Each applicant is then required to submit an application form, a pledge of nondiscrimination, a description of the physical features of the home, a report of physical examination, a report of tuberculosis test, and fingerprint cards for the applicant and her spouse. The applicant is then visited by a licensing worker who examines the home and, in counties where there is no training program, discusses the nutritional, health, and developmental needs of children, financial planning, and methods of dealing with parents.

When all forms have been received, including the results of a fingerprint check by the Bureau of Criminal Identification and Investigation (Department of Justice) in Sacramento, the licensing worker decides whether or not to issue a license. In some circumstances where there are already children in a day care home and there is no obvious reason to deny a license, the county will permit the home to continue operation prior to the issuance of a license. In practice, a license is nearly always issued, because operators who are unwilling or unable to comply with the licensing requirements usually withdraw their application before this point. Among the reasons for denial of a family day care license, however, are prior conviction of the applicant or spouse for a felony involving intentional bodily harm or a sex offense, falsification or withholding of information, inadequate facilities, or a determination that the applicant is physically or emotionally unsuited to be a family day care provider.

Los Angeles County licenses three types of family day care homes:

- homes providing care for up to five children, two of whom may be under the age of two years (including the applicant's children 16 years of age or under);
- homes providing care for up to six children, between the ages of 2-16 years (including the applicant's children 16 years of age or under); and
- homes providing care for up to ten children, between the ages of 2-16 years (including the applicant's children 16 years of age or under). The applicant must have one helper/aide. The home is subject to fire and health codes applied to center facilities.

Requirements concerning the physical characteristics of the home may be summarized as follows.[3]

> Each family day care home shall provide space and equipment for free play, rest, privacy, and a range of indoor and outdoor activities suitable for the children's ages, and the number of children in the home.

- There shall be a separate room for toilet facilities.
- There shall be a separate area for cooking.
- There must be floors and walls which can be fully cleaned and maintained and which are nonhazardous to the children's clothes and health.
- There shall be ventilation and temperature adequate for each child's safety and comfort.
- Individual cots or beds shall be provided for rest periods and shall be at least three feet apart. Beds used by members of the household shall not be used by the children for rest periods except when:
  - special permission is given by the licensing agency, and
  - clean covers are placed over the full length and width of the beds.
- Space shall be provided for the isolation of the child who becomes ill.
- There shall be provision for meeting the special needs of those handicapped children, if any, in the family day care home.

The state reimburses the counties for some elements of the licensing process in an amount of up to $160 per license issued. State reimbursements cover such things as the preparation and delivery of the license, assistance in making the home suitable for child care, the denial or revocation of a license plus the related investigation and appeal costs, and the investigation of complaints about unlicensed operators. However, the state will not reimburse the county for pre-application interviews, application evaluations, or follow-up visits, and will cover only 17 percent of the cost of home inspections. The reimbursed costs are paid by the county from local revenues and federal funds.

SDE also maintains an approval or certification process in lieu of licensing. This process involves review and approval of all state-funded child care programs administered by the agency. All such facilities must comply with child care standards (adult/child ratios, etc.), established by SDE, that were adopted in lieu of the FIDCR.

Enforcement Procedures

The counties have the key responsibility for monitoring and evaluation of child care services under the delegation of licensing authority from the state DOH. State licensing requirements are the chief compliance and enforcement mechanism of the state in regulating day care services. Regulations governing day care facilities, although mandated under AB 175, have yet to be enacted by DOH; however, draft regulations were recently promulgated by the agency.

County welfare agencies, such as the Department of Public Social Service (DPSS) in Los Angeles County, operate what can be characterized as "minimum enforcement" levels of child care facilities. While the hub of enforcement activities stem from the licensure authority, most counties have been unable to adequately monitor compliance with the requirements. This is attributable to (1) the staff resource levels of county agencies; (2) the magnitude of community care facilities including child care facilities; and (3) the administrative mechanism established for revocation of facility licenses. While day care facilities are licensed for two-year periods, they are monitored at least annually. For most, the administrative process established to revoke or suspend licenses is tedious and fraught with problems. Although the process is an administrative determination, action revoking a license is subject to the judicial process and must be directed by the County District Attorney. As a result, many of the counties have used this mechanism reluctantly, preferring either to assist the facility operator to bring the facility into compliance, or referring the matter to DOH. Despite a strong legislative and regulatory background, child care advocates are dismayed by licensing backlogs and the lack of effective program monitoring. Los Angeles, as well as the two other sites in this study, evidences some weaknesses in the implementation of established licensing and monitoring procedures. As one respondent put it: "In general it takes up to three to six months for a provider to get licensed. This situation was so frustrating that it prompted an organized effort to get a law passed that mandates a 30-day turnaround period once a provider applies for a license." Administrators of child care regulations are likely to respond that the state's size (Texas has the largest child care provider population in the U.S.), stringent regulatory and monitoring requirements, and a relatively small staff explains in large measure the licensing backlog. As a result, many child care facilities operating in the state may not be in compliance with the state's licensing laws but provide services with the state's sanction.

2.3 Family Day Care as an Isolated Service

Public awareness of family day care in Los Angeles has increased somewhat by the passage of AB 3059. This legislation explicitly recognized family day care as an alternative to center care that could reduce costs without sacrificing quality. It nevertheless remains more isolated than center care from the mainstream of the community; the stringent regulatory environment, unlike Texas's registration system, does not encourage "underground" providers to come forward.

At least two proprietary associations have been vocal and successful in making the concerns of family day care providers known to legislators and administrators. One such organization, the California Federation of Family Day Care Associations, Inc. (formerly the Los Angeles County Day Care Federation) is a nonprofit statewide association of licensed family day care providers; 90 percent of its members provide family day care in Los Angeles County. The Federation offers insurance, publicity, referrals and professional status to its members. Its stated goals provide a useful overview of the issues family day care providers face in Los Angeles County. The Federation seeks to:

- eliminate city business permits that interfere with operations of family day care providers;
- work on zoning regulations against family day care in certain neighborhoods;
- match the age of children in care with the caregiver's preferences and facilities;
- eliminate health department charges and reduce or eliminate X-ray charges, fingerprint charges and fire inspection fees associated with becoming licensed;
- ensure that tax shelter allowances (depreciation, operating costs, etc.) are available to providers;
- bring unlicensed homes into conformity with licensing standards;
- raise the image of family day care;
- provide a certificated eight-week training course on child care; and
- be more professional in business dealings with the County and the parents of the children for whom care is provided.

Women Attentive to Children's Happiness (WATCH), of Pasadena, originated from a desire to upgrade the image of family day care. The nucleus of this organization was a group of women who had participated in the Community Family Day Care Project of Pacific Oaks College, which began in 1970. As that project was being phased out, they began to lay the groundwork for an organization to continue some of its services. Among topics proposed for future action were organizing an information service, administering a no-interest loan fund, publishing a monthly newsletter, forming a cooperative of substitute caregivers, and toy loan and discount buying programs.

WATCH members have taken advantage of the resources offered at Pacific Oaks College by attending classes and workshops. Pacific Oaks offers a Care Certificate to the women who complete the two-year course in child development.

Since its inception, WATCH has grown both in numbers and community impact. It now conducts workshops and sends representatives to both state and national conferences. It actively works with CETA in training family day care parents. An information packet that supplies each new member with community resource material and other relevant information concerning child care and education, has been compiled. A monthly newsletter, WATCH WINDUP, is published and distributed free of charge to day care providers, parents, educational organizations, and others interested in the care of young children.

Other advocacy groups exist that are concerned with child care issues in general, not simply with issues in family day care. The Governor's Advisory Committee on Child Development Programs (GAC), for example, is a 20-member body similar in purpose to the federal Panel on Early Childhood. Although called the Governor's committee and staffed through the Governor's office, its principal functions are to "assist the Department of Education to develop a state plan for child development programs," to "continually evaluate the effectiveness of such programs," and to report its findings to each regular session of the Legislature. The Committee is made up of one representative each from the State Board of Public Health, the Employment Development Department, the State Board of Education, and the Social Welfare Board; one representative each from the Department of Education, Benefit Payments, and Health; representatives of private education, child welfare, a proprietary child care agency, and a community action agency; five parents of children enrolled in child development programs; and representatives of professional and other groups concerned with child development programs.

One of the significant features of AB 3059 was to restructure GAC. This resulted in a broader representation and direct program links. The GAC has its own staff and is well respected by persons knowledgeable about child care. The GAC has committed itself to making AB 3059 programs community oriented, and has focused much energy on the efficient administration of AB 3059.

In Los Angeles, the Mayor's Advisory Committee on Child Care was formed by a group of parents who wanted to establish their own day care center in a residential area restricted by zoning regulations. It has broad representation. Members have rotating appointments. All meetings are open to the public. The primary concern of the Committee is the accessibility of quality child care resources in Los Angeles. The Committee itself does not provide or fund child care, but is active in identifying child care needs and resources to meet existing needs. Members of the Committee have testified on family day care at Title XX hearings, opposed the institution of a $500 providers fee, and published a book on how to start child care centers and family day care homes.

The issues for which child care advocacy groups in Los Angeles work may be briefly summarized as follows.

- Government at all levels should provide the money for more child care, more technical assistance, and reasonable wages for caregivers.
- Government at all levels, with the State taking the lead, should provide flexible

child care free of administrative complexity, to allow caregivers to concentrate on providing quality care.

- Child care should be available to families that need it, and there should be sufficient child care so that families can locate the type of care that best meets their needs.
- Control of child care should be at the local level.
- Providers and parents should make the child care arrangements including services and fees.

In sum, the degree of isolation of family day care is becoming less as the effects of AB 3059 are felt and as a result of the activities of the resource and referral centers. AB 3059 placed new emphasis on family day care as an alternative to center care that decreases costs without sacrificing quality, and accounts for the present low level of Title XX funding in family day care systems. As a result of AB 3059, parents, as well as the general public, have become more aware of family day care, and family day care providers have access to more resources than before. Nevertheless, the lack of neighborhood cohesion in Los Angeles--in sharp contrast to the strong neighborhood feelings in Philadelphia and San Antonio--continues to some extent to keep family day care out of the mainstream.

The future of family day care in Los Angeles is not entirely clear; the very recent development of family day care systems in this city makes it difficult to predict how they will fare in the years to come. The long history of innovative child care programs in California, and the frequent experimentation with new models, however, indicate that family day care systems may also take hold. Certainly the passage of AB 3059 demonstrates that family day care is being accepted as a viable and attractive alternative to center care. The immediate concern of child care advocates, however, is to make the licensing process more expeditious and to improve the state's child care monitoring functions.

NOTES

Chapter 1:. The Setting for Family Day Care in Los Angeles

1. Fein, G. and A. Clarke-Stewart. *Day Care in Context*. New York:. John Wiley and Sons, 1973.

2. Fein and Clarke-Stewart, 1973.

3. California Senate Interim Committee on Economic Planning. *A Report on the Care of Children in War Time*. October 28, 1942, Los Angeles, CA.

4. Dratch, H. "The Politics of Child Care in the 1940s." *Science and Society*, Vol. 38, No. 2, Summer, 1974.

5. *Los Angeles Daily News*, Nov. 21, 1942.

6. Steinfels, M. *Who's Minding the Children? The History and Politics of Day Care in America*. New York:. Simon and Schuster, 1973.

7. Bremner, R.H. *Children and Youth in America:. A Documentary History*. Cambridge, MA:. Harvard University Press, 1974.

8. Grubb, W. N., and M. Lazerson. "Child Care, Government Financing, and the Public Schools:. Lessons from the California Children's Centers." *School Review*, Vol. 86, No. 20, Nov., 1977.

9. Legislative Analyst, *Publicly Subsidized Child Care in California*. Submitted by Alan Post to the Joint Legislative Budget Committee, California Legislature, August 23, 1974.

10. Grubb and Lazerson, 1977.

11. Grubb and Lazerson, 1977.

Chapter 2: Issues Affecting Family Day Care in Los Angeles

1. California State Department of Education. *Child Care and Development Services* (the Report of the Commission to Formulate a State Plan for Child Care and Development Services). Sacramento, 1978.

2. Ruopp, R., Travers, J., Glantz, F., and C. Coelen. *Children at the Center: Summary Findings and Their Implications* (Volume I of the Final Report of the National Day Care Study). Cambridge, MA: Abt Books, 1979.

3. Mayor's Advisory Committee on Child Care. *Child Care Step-by-Step*. Los Angeles, 1976.

PART V

FAMILY DAY CARE: PRESENT STATUS AND REGULATORY FUTURE

Ricardo A. Millett, Ph.D.

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Family day care, as we have seen it in Philadelphia and San Antonio, must be viewed as distinct from child care in institutional facilities. Both case studies indicate that a high proportion of children in family day care are acquaintances or relatives of the provider. Parents usually reside in the same neighborhood as the family day care provider, are of the same ethnic and cultural background, and feel that their children will receive special attention and care whether or not the caregiver is licensed/registered. Most family day care providers, however, are unregulated, and for this reason there exists legitimate public concern regarding the safety of the children in these homes.

At the heart of most regulatory issues in family day care is the fact that such child care is being delivered in a home rather than in an institutional setting. Historically, most child care regulations have failed to make this distinction. Prior to the 1975 Child Care Act in Texas, for example, a family day care home was licensed as a "commercial boarding home." The regulations did not distinguish a child care facility with an enrollment of 100 children from a family day care home with less than 6 children. Similarly, in Pennsylvania family day care homes were first distinguished from foster care and institutional child care facilities by the 1978 Licensing Act. Many child care advocates feel that the FIDCR need revision along just such lines.

Our case study respondents generally agreed that family day care should be regulated, if only to safeguard children. How it should be regulated and the appropriate focus of these regulations are currently the subject of much debate and a consensus is only slowly emerging. Our experiences in San Antonio and Philadelphia suggest the following interelated issues must be considered.

- What model should future family day care regulation follow, the traditional licensing approach or the newer registration model?
- How should the selected regulatory model recognize and balance the monitoring responsibilities of caregivers, parents, States and the federal government?
- What regulatory role should the federal government assume? Should it establish broad guidelines or set specific standards?
- Finally, what elements of family day care should regulatory guidelines address?

In this concluding section, we present these policy issues in more detail. The themes discussed in the case studies form the framework for this discussion. In addition, the deliberations of a National Day Care Home Study consultant panel and their recommendations on specific regulatory issues are presented in Appendix A.

Regulation of Family Day Care: Licensing or Registration?

We have seen in the San Antonio and Philadelphia case studies that family day care, isolated from the mainstream of the child care community, does not figure as an important issue in the minds of the public at large or of its elected officials. Yet it is clear that state and federal regulatory practices have been and will continue to be instrumental in shaping the status of family day care.

Although family day care is probably the oldest form of nonparental child care, for most States it remains the thorniest to regulate. The home is, after all, the last bastion of individual rights and privacy. The prevailing mood of the American public has grown increasingly hostile to state and federal regulations which limit choices in public and private enterprise. In all sites, especially in San Antonio, these sentiments were clear regarding the regulation of family day care. Regulation, to many of our respondents, threatens the family emphasis in this form of care. One respondent expressed this sentiment succinctly: "It would be unthinkable that any government body should have the right to come into that place you call home and tell you how to raise your children, how many children you should have, how you should feed them, and how you should teach them."

In part because the number of homes usually outstrips the capacity of States to license and monitor, family day care historically has remained a low priority regulatory concern. More recently there has been some experimentation with alternative regulatory models specifically to address the issue of identifying homes and opening them to public scrutiny. Texas has such a registration system, whereas Pennsylvania has a more traditional licensing approach, thus permiting a comparison of registration and licensing. Although registration as practiced in Texas seems eminently more successful than licensing in bringing unregulated homes under regulation, this approach has not yet adequately provided the support services associated with quality care. In fact, neither Pennsylvania nor Texas has addressed to its own satisfaction the issue of providing the necessary support services. Nor do these two States consider that they are presently ensuring quality in their regulated homes.

Child care regulatory officials and students of regulation have been engaged in a continuing debate on the pros and cons of the traditional licensing approach to family day care. Arguments against traditional licensing were summarized at a recent conference on the registration of family day care homes.[1] Many objections to licensing are based on practical considerations such as the high cost to the State of maintaining adequate staff to license and monitor the enormous number of family day care homes in operation, a problem exacerbated by the high turnover rate among these homes.

Such practical constraints raise issues of principle. For example, coupled with indifference or resistance on the part of providers, insufficient staffing allows large numbers of family day care homes to operate illegally--that is, without regulation. This situation has the dual effect of unfairly requiring compliance of those few homes which happen to be caught in the regulatory net while the great majority go unregulated; and, perhaps most important, of making licensure a false guarantee of quality. For, if limited agency resources and lack of provider cooperation make it impossible for an agency to adequately monitor licensed homes, then the license no longer serves its purpose of ensuring minimal safety and quality to consumers. Not only has the public agency then been forced to abdicate its responsibility, but consumers--the parents of children in care--may not take upon themselves the responsibility for monitoring the quality of care, believing themselves protected by the machinery of licensure.

Another set of arguments against traditional licensing are founded in opposition in principle to the licensing of family day care homes. Licensing of family day care is often seen as an incursion into the privacy of the home--not only unnecessary but also wrong, in that it usurps the rights and responsibilities of families. In general, parents and providers have shown themselves willing to accept the responsibility of quality control and have viewed licensing as an intrusion where it does exist. Moreover, formal licensing may pose a threat to the very home atmosphere of family day care which is its most distinctive feature. Such institutionalization as that imposed by rigid regulation could well take the "family" out of family day care.

A related fear is that formal licensing of family day care will bring with it many other forms of regulation, imposed by other agencies and not directly related to family day care. Examples of types of regulation which might ride on the coattails of state day care licensing are local zoning laws, state health and sanitation regulations, and local day care licensing. There may well be a strong tendency among family day care providers to avoid such bureaucratic entanglement by avoiding licensing altogether.

Licensing of family day care may also produce socioeconomic inequalities if licensure is first extended to homes where federal funds purchase care. Homes caring for subsidized children would be subject to regulations not imposed on other homes; at the same time, licensing would effectively be withheld from homes where fees are paid entirely by parents. In sum, licensing, with all its attendant ills and benefits, would affect the poor much more than it would middle-income families.

Such arguments against traditional licensing formed in large part the basis of Texas' decision to implement the registration of homes on a statewide basis in 1975. As reported in the San Antonio case study, registration increased the number of family day care homes brought under regulation, and decreased costs to the State of monitoring, licensing and administration. The installation of a system of registration also constituted recognition by the State of parents' responsibility for their children in family day care.

Critics of registration point out that the quality of care and the protection of children in family day care homes are highly variable under Texas' self-certification model. Licensing officials do not monitor family day care homes or provide technical assistance or consultation; as one official remarked, "We have no handle on the quality of the homes out there." A State-sponsored evaluation of registration revealed that registered providers frequently violated requirements covering children's immunization records, fire and safety inspections and health records of adults in the family day care home. The evaluation report concluded, however, that children in registered homes were not being exposed to significant danger.[2]

The majority of San Antonio respondents are convinced that registration of family day care homes can not be effective without adequate financial support. Although the Texas legislature appropriated funds to provide technical assistance and consultation for all providers during the first two years of registration, these funds were not renewed. In San Antonio, this decision had a direct effect on child care training resources available to family day care providers: the Child Care Resource Center, originally funded by these appropriations, was closed, and subsequently refunded in large part with Title XX money. Training, consultation and child care resources once available to all providers are now restricted to providers in Title XX facilities.

Philadelphia's experience with the regulation of family day care homes confirms many arguments against the traditional licensing approach. Respondents there considered licensing more suitable to centers than to homes. Moreover, licensing workers confessed to being overburdened. Centers and Title XX facilities receive more staff attention than do independent licensed homes. There are as many family day care homes in systems serving exclusively subsidized clients as there are independent homes, and very little staff time is left to monitor or provide consultation to independent licensed providers. The net result in both Philadelphia and San Antonio: the majority of family day care providers (regulated and unregulated) are isolated from training and child care resources available to providers in subsidized facilities and to proprietary providers.

As may be discerned, the federal government, through Title XX, plays a key role in determining the current and future status of family day care homes. States are permitted to spend Title XX child care funds only in facilities that meet the FIDCR. Child care subsidies, as a result, flow predominantly to centers. In San Antonio, as we have seen, less than 3 percent of subsidized care is delivered in family day care homes, and all of this care is delivered through family day care systems. In Philadelphia the pattern is similar: 10 percent of subsidized care is provided in system homes. Family day care systems, it appears, are born of the attempts of states to solve the administrative and cost problems associated with providing direct subsidies to family day care homes.

Although unintended, the cumulative impact of regulatory practices at both the state and federal levels has been a benign neglect of family day care. The importance of this neglect becomes clear when one considers the proportion of the total child care slots in this country represented by family day care: nationally, more than twice the number of children in center care are cared for by family day care providers. The great majority of these children are under three, an age that experts in cognitive development agree is most crucial to a child's normative growth.

Viewed from this perspective, the finding that 80 percent of unregulated caregivers have never had any child care training takes on special importance*--not only because of the cognitive developmental needs of young children, but also, some feel, because of an increased potential for child abuse and neglect among unregulated providers. Research by the Texas Department of Human Resources lends some credence to this allegation; many child care advocates dispute it. No one, however, argues that family day care providers would not benefit greatly from increased support in the form of recognition, training and the provision of supplementary services to children and families.

Policy Issues for Family Day Care

The present challenge, then, is to maximize the effectiveness of regulation in ensuring quality care--first, by meeting the needs of family day care providers and providing supplementary services to the children in family day care homes; and second, through monitoring of homes, whether by parents, caregivers, or a public agency. In this regard, policymakers must first consider who is best able to regulate and monitor family day care in the best interests of children. Underlying the debate over licensing and registration, however, is another, more fundamental issue:. Where does the responsibility lie for ensuring quality in family day care? With parents and providers? With the States? With the federal government? What should be their roles in setting standards, in monitoring and in enforcement?

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*Similar proportions of registered providers in San Antonio and licensed providers in Philadelphia have no training in child care.

Respondents in Philadelphia and San Antonio were remarkably consistent in their views of the federal government's role in regulating family day care. The prevailing opinion was that the federal role should, in the main, be supportive of the States' regulatory initiatives. One respondent in Philadelphia voiced this opinion as follows:. "Resources should be used to help States write good regulations with good [implementation] process." In San Antonio, another respondent voiced a similar sentiment when she remarked, "Their [the federal government's] appropriate role is to provide assistance to States in establishing standards. They should establish their plans and priorities, as they do with Title XX, and leave the rest to the States."

The clearly discernible theme was that federal regulations should be directed at States and not at individual programs or child care providers. In broader terms, case study respondents viewed the appropriate federal role as establishing basic quality standards, providing States with adequate aid to meet these standards, and monitoring their progress toward compliance with the standards. This approach, our respondents reiterated, would allow States the flexibility needed to meet nationally established standards in a manner consistent with their own socioeconomic and political realities. The implementation of registration as a regulatory approach in Texas underscores the role of parents in monitoring family day care. Texas DHR respondents noted, however, that the public must be educated in order to effectively exercise this prerogative and assume this responsibility. The convergence of opinions on these issues is perhaps the most important regulatory "finding" uncovered in the National Day Care Home Study site case studies.

Likewise, in a recent policy seminar, consultants to the National Day Care Home Study unanimously concluded that future federal policy on the regulation of family day care should shift the burden of standard compliance from caregivers to the State.* Results from the case studies and the consultant conference coincide: experience and expertise dictate that future federal guidelines be carefully crafted to ensure a healthy future for family day care.

To many States, the FIDCR represent the nation's standards for regulating child care facilities. However, the prevailing opinion among child care advocates and practitioners is that the FIDCR neither reflect a clear understanding of the nature of family day care nor clearly distinguish family day care homes from group care facilities. Although it is not within the scope of the National Day Care Home Study to develop regulatory guidelines, the seminal nature of the study, as well as its broad data base, make it an essential resource for policymakers. It is thus appropriate that the National Day Care Home Study inform the current review and revision of the FIDCR by the Administration for Children, Youth and Families (ACYF).

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*The consultant panel's deliberations are summarized in Appendix A of this volume, which highlights specific recommendations for federal regulatory guidelines in such areas as the measurement of enrollment, caregiver qualifications requirements, the physical environment, parent involvement and supplemental services.

In sum, our view of family day care in two very different regulatory and cultural environments shows it to be an integral part of a community's social service network. The unintended consequence of state and federal regulatory policies has been to undermine the potential of this child care arrangement in favor of group care in centers, leaving family day care largely isolated from the child care community. Given the overwhelming predominance of family day care among all child care arrangements and the increasing participation rate of women in the labor force, it is clear that family day care, with adequate support services, can make a significant contribution to the future need for future quality day care. The problem of its regulation must be resolved by achieving a reasonable balance of responsibility among parents, caregivers and the government.

NOTES

Part IV: FAMILY DAY CARE: PRESENT STATUS AND REGULATORY FUTURE

1. Gwen Morgan, "Models for Registration of Family Day Homes," National Conference of Famiy Day Homes, Oct., 1977. Edited by David Beard, Texas Department of Human Resources.

2. Data from this Department of Human Resources Study was reported by Fairy D. Rutland in his presentation "The Enforcement of Registration" during the above conference.

Appendix A

SUMMARY OF CONSULTANT POLICY SEMINAR

During a recent policy seminar, consultants to the National Day Care Home Study discussed issues in the regulation of family day care. The panel took as the basis of its deliberations a National Day Care Home Study report, "Policy/Regulatory Issues in Family Day Care," by Steven Fosburg. This appendix presents the recommendations of the panel concerning specific regulatory issues: the measurement of enrollment, caregiver qualifications requirements, the physical environment, parent involvement and supplementary services.

How Should Enrollment Be Measured?

Total enrollment, number of related children, providers' own children, and the age mix of the children in care are presumed to be determinants of quality care. At a minimum, they are measures of the demands made on a caregiver's energy. There is general agreement that some limitation on enrollments, taking age mix into account, is both reasonable and proper. Disagreements arise, however, when various concrete proposals are debated. Presently, the FIDCR limit enrollment to five or six children, including the caregivers' own children, depending upon the age mix in the home. Similarly, the Texas Quality Child Care Requirements, applicable to subsidized care facilities and modeled on the FIDCR, limit family day care homes to five children (with no more than two under two years old). Texas' requirements for independent registered providers, on the other hand, are less stringent and allow the caregiver to take as many as 12 children (6 preschool children and 6 after-school siblings of those preschoolers). In Philadelphia, licensed homes are limited to six children including the caregiver's own children under six years of age. In this case too, total enrollment is dependent on the age mix of children in care.

Available data suggest that there is a natural tendency for family day care providers to be self-regulating in terms of total enrollment. In all three study sites most, but certainly not all unregulated and independent licensed providers had lower total enrollments than the maximum allowed under both state and federal requirements. However, reports from New York, where the cost of providing care is high, indicate that caregivers there may be taking more children in order to increase their income. Overall compliance does not obviate the need for enrollment guidelines but it does show that most caregivers recognize their own limitations in this regard.

In general, the total number of children allowed under any regulatory statute depends on how enrollment is computed. In the course of the National Day Care Home Study, various ways of measuring enrollment have been identified: the total number of children enrolled, total enrollment plus the caregiver's own children, or a simple count of the number of children present at any one time. The measure used affects quality as indicated by group size. Providers' income is also affected, because they are paid on a per-child basis.

The National Day Care Home Study consultants identified various issues related to measuring enrollment for regulatory purposes. Given the significant proportion of relatives and children of neighborhood friends in family day care arrangements, one consultant asked, "Would it be more appropriate to regulate the number of children excluding those children within some degree of consanguinity?" A similar concern is how to count school-aged children, who are not in care during most of the hours of the day. There was general consensus that school-aged children should not count as heavily as preschoolers toward the home's enrollment ceiling. It was also assumed that infants are a greater burden on the caregiver and should count more heavily. Agreement was not reached, however, on how best to represent age mix.

There are also occasions when a caregiver responds to a parent who needs emergency care, temporarily placing the home out of compliance. Enrollment guidelines, then, should measure total enrollment in a manner that counts part-time or temporary care differently from full-time charges. The panel recommended that enrollment guidelines allow children to be counted on the basis of criteria that identify children in full-time care as a full unit count, and part-time children (after-school, temporary or emergency charges) as half unit count. It was generally agreed that this strategy allowed providers flexibility in meeting maximum group size limits and is sensitive to varying child care arrangements.

How Should Caregiver Qualifications Be Assessed?

One of the more controversial issues in the child care community is the tendency of regulations to rely on "measurable" dimensions of caregiver qualifications. More often than not, these measures focus on formal training and educational background and fail to capture dimensions deemed most important by parents, such as "warmth" and "love for children." This practice has an especially strong impact in family day care, where child care service is more often sought based on personality factors or referral by close friends than based on factors of technical or educational background. The relationship between the provider and the family is usually more personal than in centers. Competence, for example, "can best be measured through an assessment of caregiver behaviors such as child-rearing practices, flexibility and coping skills, or the ability to negotiate the fine line between roles as parent complements and parent substitutes."[1]

There are other caregiver qualification issues that regulations must address. There was ample support in our study sites for bringing family day care providers out of the shadows and giving them their due recognition and status. Many respondents extolled the virtues of family day care providers who through years of experience have developed a repertoire of skills and behaviors that make them better caregivers than those who are highly trained but have no experience. However, as one National Day Care Home Study consultant asked, can these persons be given due status without "'professionalizing,' and thereby losing the generalist and human qualities we want?" How can qualifications be assessed to avoid "screening out, particularly in poor neighborhoods, the person with no formal training, but with natural intuitive skills in working with children and their parents"?

For many minority residents, family day care represents not only an extension of the family, but also a channel for the transmission of cultural values and identity. Given the high level of relative care found among low-income groups, would regulations governing caregiver background or qualifications "destroy the right of grandmothers to care for nonrelated children and her own grandchildren in the same home?"

In sum, most consultants agreed, as did case study respondents, that family day care providers need at least some child care training--at a minimum, an orientation to basic child care skills and the needs that family day care fills. It was suggested that this ideal could be more effectively attained if caregivers were given an incentive to improve there caregiving skills. In Montgomery County, Maryland, for example, reimbursement rates are higher for caregivers who have undertaken training beyond the minimum required.

In addition to training, it was agreed that other characteristics, such as age, physical fitness and potential for abuse and neglect should be considered in assessing caregiver qualifications. The panel recommended that a lower age limit for caregivers be set at eighteen and that the caregiver should submit evidence of a physical exam at least once a year (perhaps at the date of licensure award and renewal), as well as evidence of physical fitness.

One recommendation--of uncertain legality--was an abuse prevention procedure that would screen out applicants who had police records of violent crimes or convictions of child abuse and neglect.

Physical Setting

The FIDCR include standards for space, equipment, fire safety, health and other environmental standards that all regulated family day care homes must meet. Some state and county governments further regulate family day care homes through zoning laws. Although only briefly discussed, panel members agreed that in large part these environmental standards were inappropriate for family day care homes. "You can't regulate homes the way you do a center. A center is a commercial enterprise [in a separate physical setting]; however, family day [care] homes, although enterprising, remain residential."

Indeed, many providers in San Antonio have protested the more stringent fire and safety codes with which they must comply. For some, the cost of home alterations or the installment of additional safety features far exceeds their total child care income. Others point out that the child's own residence might not feature standards required of family day care homes.

More often than not, environmental standards act as a barrier to registration--providers are reluctant to step forward and become licensed or registered. A possible solution suggested by the panel was to limit environmental standards to the existing residential occupancy codes. These might be supplemented by guidelines from the federal government (for Title XX care) or from the State on safety features restricting, for example, lead paint and hazardous toys and equipment.

Parent Involvement

There was little disagreement that parents ought to be involved in child care activities. In the panel's opinion, however, regulations should allow parents access to the home and to information regarding the child's progress and needs as perceived by the caregiver. Regulations requiring the formation of parent advisory bodies were considered inappropriate for family day care homes.

Supplemental Services

Supplemental service requirements as applied to family day care homes are considered the most inappropriate of the FIDCR and are seen as clearly biased toward day care centers. As reported in both the San Antonio and Philadelphia case studies, only those family day care homes affiliated with systems are capable of delivering supplemental services as required by the FIDCR. These services include child referral, transportation, child diagnostic testing and treatment, and nutritional advice such as assistance with menu planning. As presently worded, the FIDCR place the responsibility on the provider to deliver most of these services. Although family day care systems have been a creative solution to this problem, many sponsoring agencies are becoming acutely aware of the cost burden. One consultant noted, "Many agencies are losing their private funding base; money is drying up everywhere and they [social service agencies] find that they can no longer afford to supply those services, even on an in-kind basis." Preliminary analyses of the National Day Care Home Study indicate that the cost of supplemental services to agencies operating family day care homes usually exceeds child care fee reimbursements.

The inequity of this requirement was unanimously considered "the biggest political problem in the FIDCR." In addition to the above criticisms, some members noted that the requirement added to existing stereotypes of low-income people as invariably in need of support services. Moreover, they reasoned that the requirement could be more cost-effective if "supplemental services did not have to be in place prior to contract award, but were required in a manner that allowed agencies to file for the service when and if it is needed by specific children in care. Otherwise, if it is demanded that it [supplementary services] be in place before contract award, you assume there is something different about Title XX children that makes every one of them need social services."

It was generally agreed that children should be immunized. However, the question was raised whether the day care mother should have the responsibility of seeing that this is done. Panel members agreed that it should not be her responsibility; the most that should be required of the caregiver in this respect is "that they know where these services are being delivered and refer parents to them."

The concluding recommendation concerning supplementary services converged with that of site case study respondents: that the State should be given the primary responsibility for seeing that supplemental services are available to eligible clients. This responsibility should be the States'; "they should include a provision in their Title XX plans for the provision of supplementary services." The great advantage of this scheme is the flexibility it offers States to choose various options for meeting this requirement. They may, for example, opt for family day care systems. Or they may, as in California, implement a child referral and resource network that would be a locus for family day care providers and families of children in their care. Another option would be to link existing health resources to subsidized child care by requiring the mental health system in the country (with a few extra dollars) to provide support services to day care--this would "put the mandate where it belongs."

These issues and questions raised by the supplemental services requirement underscore the critical importance of the present FIDCR and their effect on the future of family day care. From a policy viewpoint, a key issue is whether the new FIDCR will be developed from the federal level or deferred to the States with broad federal guidelines and support for family day care regulations.

NOTES

Appendix A: SUMMARY OF CONSULTANT POLICY SEMINAR

1. Arthur Emlen et. al. Child Care by Kith: A Study of Family Day Care Relationships of Working Mothers and Neighborhood Caregivers (Portland, Oregon: Oregon State University, 1971).

*U.S. GOVERNMENT PRINTING OFFICE: 1980-0-620-232/5365